

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

- - -

4 IN RE: NATIONAL : HON. DAN A.
5 PRESCRIPTION OPIATE : POLSTER
6 LITIGATION :
7 :
8 APPLIES TO ALL CASES : NO.
9 :
10 : 1:17-MD-2804

11 - HIGHLY CONFIDENTIAL -
12 SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

13 - - -
14 JANUARY 24, 2019

15 - - -
16 Videotaped sworn deposition of
17 CHRISTINE BAEDER, taken pursuant to
18 notice, was held at GOLKOW LITIGATION
19 SERVICES, One Liberty Place, 1650 Market
20 Street, Philadelphia, Pennsylvania,
21 beginning at 9:09 a.m., on the above
22 date, before Margaret M. Reihl, a
23 Registered Professional Reporter,
24 Certified Shorthand Reporter, Certified
 Realtime Reporter, and Notary Public.

- - -

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1	I N D E X		
2	WITNESS		PAGE
	CHRISTINE BAEDER		
3	By Mr. Kieffer	12, 423, 430	
	By Mr. Madden	372	
4	By Ms. Hillyer	415, 430	
5			
6	E X H I B I T S		
7	NO.	DESCRIPTION	PAGE
8	Teva-		
	Baeder-1	File Provided Natively	
9		Teva, Our Business Units	
		Templates to be completed	
10		and put into the kit	
		[TEVA_MDL_A_09644157]	32
11	Teva-		
12	Baeder-2	Performance Management	
		Evaluation for Christine	
13		Baeder for 2013	
		[TEVA_MDL_A_13618546	
14		through 8552]	97
15	Teva-		
	Baeder-3	E-mail dated 1/31/14	
16		Subject, Topco Update	
		for Israel	
17		[TEVA_MDL_A_12363196]	154
18	Teva-		
	Baeder-4	E-mails dated 2/6/07	
19		Subject, Re: Israel	
		list for RABid	
20		[TEVA_MDL_A_12121972	
		and TEVA_MDL_A_12121974]	160
21	Teva-		
22	Baeder-5	File Provided Natively	
		All Products Charts	
23		[TEVA_MDL_A21121974]	160
24			

E X H I B I T S			
NO.	DESCRIPTION		PAGE
1	Teva-		
2	Baeder-6	File Produced Natively	
3		Slide deck, NACDS P&T	
4		Conference	
5		August 27-30, 2011	
6		[TEVA_MDL_A_12280545]	165
7	Teva-		
8	Baeder-7	E-mail string, top	
9		one dated 1/21/09	
10		[TEVA_MDL_A_13558196	
11		through 8198]	180
12	Teva-		
13	Baeder-8	E-mail dated 5/31/11	
14		Subject, PhV Internal	
15		Audit report - Final	
16		with attachment	
17		[TEVA_MDL_A_13580697	
18		through 0760]	187
19	Teva-		
20	Baeder-9	E-mail dated 3/12/09	
21		Subject, PFG Packet -	
22		Today's Market S&OP	
23		(March 12)	
24		[TEVA_MDL_A_12172071	
25		through 2072]	189
26	Teva-		
27	Baeder-10	File Provided Natively	
28		Market Planning Sales	
29		and Ops Planning Meeting	
30		[TEVA_MDL_A_12172072]	189
31	Teva-		
32	Baeder-11	Generic Products	
33		Purchase Agreement	
34		[TEVA_MDL_A_02988415	
35		through 8452]	192

1	E X H I B I T S		
2	NO.	DESCRIPTION	PAGE
3	Teva-		
	Baeder-12	Group Purchasing Agreement dated 1/1/14 [TEVA_MDL_A_03450003 through 0052]	197
6	Teva-		
7	Baeder-13	E-mail dated 12/5/16 Subject, Teva/ABC Agreement Discussion [TEVA_MDL_A_12706786 through 6787]	199
10	Teva-		
	Baeder-14	Generic Products Purchase Agreement dated 1/1/17 [TEVA_MDL_A_06604089 through 4137]	205
13	Teva-		
14	Baeder-15	Cardinal Health Supplier Agreement dated 10/9/17 [TEVA_MDL_A_03464523 through 4538]	208
16	Teva-		
17	Baeder-16	Master Distribution Services Agreement dated 2/1/17 [TEVA_MDL_A_03464712 through 4770]	210
20	Teva-		
	Baeder-17	Amendment No. 3 to Master Distribution Services Agreement dated 2/22/18 [TEVA_MDL_A_03465968 through 5974]	212
23			
24			

1	E X H I B I T S		
2	NO.	DESCRIPTION	PAGE
3	Teva-		
	Baeder-18	Teva Opioid Market	
4		Share Calculation:	
		All Opioids	
5		[TEVA_MDL_A_00455086	
		through 5094]	224
6			
	Teva-		
7	Baeder-19	Determination That A	
		Public Health Emergency	
8		Exists dated 10/26/17	
		[no Bates]	234
9			
	Teva-		
10	Baeder-20	E-mail dated 9/27/17	
		Subject, Government	
11		Affairs: Opioid Workgroup	
		[TEVA_MDL_A_13481057	
12		through 1058]	237
13	Teva-		
	Baeder-21	E-mail string, top	
14		one dated 10/5/16	
		Subject, RE: DEA Mandate	
15		Opioid Reduction	
		[TEVA_MDL_A_09641638	
16		through 1641]	258
17	Teva-		
	Baeder-22	E-mails dated 6/12/13	
18		Subject, FW: June 5-6	
		Sales Meeting Complete	
19		Slide Deck, with attached	
		Slide deck	
20		[TEVA_MDL_A_12352355	
		through 2356]	263
21			
22			
23			
24			

E X H I B I T S			
NO.	DESCRIPTION		PAGE
1	Teva-		
2	Baeder-23	E-mail string, top one	
3		dated 10/16/15	
4		Subject, RE: PO# 1031374	
5		for the OXYCODONE product	
6		TEVA_MDL_A_02063729	
7		through 3733]	291
8	Teva-		
9	Baeder-24	E-mails dated 10/16/15	
10		Subject, RE: Publix	
11		[TEVA_MDL_A_03479607	
12		through 9608]	307
13	Teva-		
14	Baeder-25	E-mails dated 10/16/15	
15		Subject, RE: PO#1031374	
16		for the OXYCODONE product	
17		[TEVA_MDL_A_01056272	
18		through 6278]	310
19	Teva-		
20	Baeder-26	E-mail string, top one	
21		dated 10/16/15	
22		Subject, FW: PO#1031374	
23		for the OXYCODONE product	
24		[TEVA_MDL_A_01056328	
25		through 6334]	316
26	Teva-		
27	Baeder-27	E-mail string, top one	
28		dated 10/16/15	
29		Subject, FW: PO#1031374	
30		for the OXYCODONE product	
31		[TEVA_MDL-A_01466124	
32		through 6127]	321
33	Teva-		
34	Baeder-28	E-mail string, top one	
35		dated 10/16/15 Subject,	
36		RE: PO#1031374 for the	
37		OXYCODONE product [TEVA_MDL_A_	
38		01056360 through 6365]	328

1	E X H I B I T S		
2	NO.	DESCRIPTION	PAGE
3	Teva-		
	Baeder-29	Notes, 10:10 call returning Jen King's call [TEVA_MDL_A_02063728]	331
5	Teva-		
6	Baeder-30	E-mail string, top one dated 10/16/15 Subject, FW: PO#1031374 for the OXYCODONE product [TEVA_MDL_A_01466128 through 6132]	338
9	Teva-		
10	Baeder-31	E-mail string, top one dated 10/16/15 Subject, RE: PO#1031374 for the OXYCODONE product [TEVA_MDL_A_01056299 through 6304]	341
13	Teva-		
14	Baeder-32	E-mail string, top one dated 10/28/15 Subject, RE: Publix Anda weekly call [TEVA_MDL_A_01462200 through 2203]	344
17	Teva-		
18	Baeder-33	E-mail string, top one dated 10/29/15 Subject, FW: Publix SOM Issues [TEVA_MDL_A_01466151 through 6154]	355
21			
22			
23			
24			

1	E X H I B I T S		
2	NO.	DESCRIPTION	PAGE
3	Teva-	Baeder-34 E-mail string, top one dated 10/29/15 Subject, Re: Publix Oxycodone Order [TEVA_MDL_A_01466156 through 6159]	359
4			
5			
6			
7	Teva-	Baeder-35 E-mail dated 10/30/15 Subject, Another Publix Heads Up [TEVA_MDL_A_01462220]	364
8			
9			
10	Teva-	Baeder-36 File Provided Natively Slide deck, Core Leadership In Abuse Deterrence, Vantrela ER Strategic Launch Plan 12/19/13 [TEVA_MDL_A_08771331]	384
11			
12			
13			
14	Teva-	Baeder-37 E-mail dated 10/26/17 Subject, Trump Declaration on Opioids [TEVA_MDL_A_12714027]	388
15			
16			
17	Teva-	Baeder-38 The President's Commission on Combating Drug Addiction and the Opioid Crisis [no Bates]	391
18			
19			
20	Teva-	Baeder-39 E-mail string, top one dated 9/17/15 Subject, FW: Teleconference re: Teva response to CDC guidelines on chronic pain [TEVA_MDL_A_03550269 through 0275]	397
21			
22			
23			
24			

1 THE VIDEOGRAPHER: We're now on
2 the record. My name is David Lane,
3 videographer for Golkow Litigation
4 Services. Today's date is January 24th,
5 2019. Our time is 9:09 a.m. This
6 deposition is taking place in
7 Philadelphia, Pennsylvania in the matter
8 of National Prescription Opiate
9 Litigation MDL.

10 Our deponent today is Christine
11 Baeder. Counsel will be noted on the
12 stenographic record.

13 Our court reporter today is Peg
14 Reihl who will now swear in our witness.

15 ... CHRISTINE BAEDER, having been
16 duly sworn as a witness, was examined
17 and testified as follows:

18 THE VIDEOGRAPHER: Please begin.

19 BY MR. KIEFFER:

20 Q. Good morning, ma'am.

21 A. Good morning.

22 Q. Would you state your full name
23 for the record, please.

24 A. Christine Baeder.

1 Q. Ms. Baeder, my name is John
2 Kieffer, we met briefly before we went on the
3 record today. I'm a lawyer, I represent
4 plaintiffs nationwide in the matter of In Re:
5 National Prescription Opiate Litigation, which
6 is a lawsuit that's filed in the Northern
7 District of Ohio against Teva Pharmaceuticals
8 and others, and we're here today to take your
9 deposition in connection with that case.

10 Is that your understanding of why
11 you're here as well?

12 A. Yes.

13 Q. You understand that the court
14 reporter just swore you in?

15 A. Yes.

16 Q. You understand that is the same
17 oath to tell the truth that you'll take if you
18 end up testifying as a witness in the trial of
19 this case?

20 A. Yes.

21 Q. You understand as well that your
22 testimony today is being videotaped?

23 A. Yes.

24 Q. One of the reasons for that is in

1 the event the case is tried and you're not
2 present at trial, we may elect to play all or
3 part of your testimony to the jury.

4 You understand that?

5 A. Yes.

6 Q. You are here today voluntarily,
7 correct? By that I mean perhaps you're not
8 crazy about being here, but you weren't
9 subpoenaed, you were asked to come, and you
10 complied with that request?

11 A. Yes, I was asked by my company.
12 I don't know if there was a subpoena or not.

13 Q. Okay, fair enough.

14 If your company asks you to
15 testify at the eventual trial of this case,
16 which is set in Cleveland, Ohio, will you
17 endeavor to accommodate that request, if you
18 can?

19 A. Yes.

20 Q. And the reason I ask is that at
21 trial if the jury has to watch your videotape, I
22 want them to understand that it's not because
23 you weren't willing to come. Sometimes juries
24 get frustrated with videotapes and they take it

1 out on the person who hit play, so I just want
2 to make it clear that you're willing to come if
3 asked, okay?

4 A. Yes.

5 Q. All right. Thank you.

6 Have you given a deposition
7 before?

8 A. Yes.

9 Q. About how many times?

10 A. Two.

11 Q. Approximately when were your
12 depositions taken?

13 A. Yesterday.

14 Q. Okay. Where at?

15 A. Across the street.

16 Q. Okay. Here in Philadelphia?

17 A. Yes.

18 Q. All right. And did the subject
19 matter of your deposition concern issues
20 relating to your employment?

21 A. Yes.

22 Q. And you're currently employed by
23 Teva Pharmaceuticals, correct?

24 A. Yes.

1 Q. Okay. What was the litigation
2 that required you to give a deposition
3 yesterday?

4 A. Opioid litigation for the state
5 of Oklahoma.

6 Q. Opioid litigation for the state
7 of Oklahoma.

8 And then you said you'd given a
9 second deposition as well?

10 A. Yes.

11 Q. And when was that?

12 A. A long time ago, maybe 2005 or
13 '06.

14 Q. And who were you employed by at
15 the time of that deposition?

16 A. Sandoz.

17 Q. And did that litigation concern
18 issues related to your employer, Sandoz?

19 A. It did.

20 Q. What were the issues in that
21 case?

22 A. WAC, WAC pricing.

23 Q. And WACC stands for wholesale
24 average cost?

1 A. Yes.

2 Q. Anything more specific than that
3 that you're able to tell us?

4 A. No, that was what the litigation
5 was about. At that point in time I had no
6 responsibility in pricing, so my deposition was
7 short and relative to some very specific
8 documents.

9 Q. I see.
10 Okay. Have you ever testified in
11 trial in a courtroom?

12 A. No.

13 Q. Well, if you've given
14 depositions, then you have some idea of how
15 we'll proceed. Every lawyer does things a
16 little bit differently, and a lot of us do a lot
17 of the things the same. So kind of let me give
18 you the ground rules that you may have heard
19 before from others.

20 This is a verbal format, meaning
21 it's my job to try to ask a clear question that
22 makes sense that you can answer, and assuming I
23 do that, it's your job to give a verbal answer
24 if you have information to provide.

1 You understand that?

2 A. Yes.

3 Q. Okay. And by a verbal answer I
4 mean a yes or a no or some kind of a narrative
5 response or explanation.

6 You understand that as well?

7 A. Yes.

8 Q. And I don't mean to be tedious
9 about this, but, for example, if from time to
10 time throughout the day you may say uh-huh or
11 uh-uh, which most of us do, especially as the
12 day gets long, I may stop you and I may say was
13 that a yes, was that a no. If I do that, I'm
14 not meaning to be rude or abrupt, I'm just doing
15 my best to try to get a clear record of your
16 testimony, okay?

17 A. Yes.

18 Q. Sometimes my questions can get a
19 little long, and sometimes it may be clear to
20 you where I'm going with that question. Even if
21 it is, resist any temptation you might have to
22 jump in with your answer. Try to let me finish
23 my question before you answer, and, likewise,
24 I'll try to let you complete your answer before

1 I begin the next question, okay?

2 A. Yes.

3 Q. If we talk on top of each other,
4 it makes it difficult for the court reporter,
5 okay?

6 A. Yes.

7 Q. If for any reason I ask you a
8 question today that you don't understand or you
9 have difficulty with, will you draw that to my
10 attention so I can try to ask it differently in
11 a way that does make sense to you?

12 A. Yes.

13 Q. And by the same token, if I ask
14 you a question and you answer it without
15 protest, I'm going to assume that you understood
16 it the way I asked; is that fair?

17 A. Yes.

18 Q. Okay. We will take breaks
19 throughout the day. We'll try to take them at
20 relatively scheduled intervals. I suspect if I
21 don't call for a break at a fairly regular
22 interval, your lawyer will, but if you find that
23 you need a break at some interval other than
24 we're suggesting, you let us know and we'll try

1 to accommodate you, so long as we're not in the
2 middle of a question or line of questions, okay?

3 A. Yes.

4 Q. All right. Thank you.

5 You are represented by counsel
6 here today?

7 A. Yes.

8 Q. And who is that?

9 A. Morgan Lewis.

10 Q. Okay. Anyone other than Morgan
11 Lewis?

12 A. I don't think so.

13 Q. Okay. That's the one law firm
14 that you're aware that you're represented by?

15 A. Yes.

16 Q. Okay. What did you do to prepare
17 for today's deposition?

18 A. What did I do to prepare for
19 today's deposition?

20 I met with my attorneys for one
21 day to prepare for this and the Oklahoma
22 deposition.

23 Q. Okay. You met with your
24 attorneys for one full like eight-hour day?

1 A. Somewhere between six and eight
2 hours.

3 Q. And that was to prepare for the
4 two cases, this particular opioid litigation as
5 well as the opioid litigation filed by the state
6 of Oklahoma?

7 A. Correct.

8 Q. All right. And when was that
9 meeting?

10 A. Tuesday.

11 Q. Of this week?

12 A. Yes.

13 Q. Okay. Did you look at any
14 documents in preparation for your testimony?

15 A. Yes.

16 Q. Okay. In general, what were --
17 what was the nature of the documents that you
18 looked at, the subject matters?

19 MS. HILLYER: You can answer that
20 very generally.

21 THE WITNESS: Opioid subject
22 matter.

23 BY MR. KIEFFER:

24 Q. You don't recall any specific

1 documents?

2 MS. HILLYER: I don't want her to
3 get into privilege of what documents she
4 looked at specifically. If you want to
5 ask her about specific documents, you
6 can do that but...

7 MR. KIEFFER: Okay. Well, I
8 think it's pretty clear I'm entitled to
9 know if she looked at specific things in
10 preparation for her deposition. I'm
11 entitled to know that. I don't think we
12 need to spend a bunch of time on that.
13 You'd instruct her not answer those
14 sorts of questions?

15 MS. HILLYER: I'm saying she can
16 answer -- she can give a little more
17 specification of the categories of types
18 of documents she looked at.

19 THE WITNESS: So I --

20 BY MR. KIEFFER:

21 Q. Just to be clear, if your counsel
22 directed you to specific paragraphs and you had
23 discussions about the details of documents, I
24 don't want to know any of that. But if there

1 are categories of documents, subject matters
2 they involved that you reviewed to prepare for
3 today, I do want to know about that.

4 A. Primarily e-mail documents --

5 Q. Okay.

6 A. -- or PowerPoint documents that
7 were attachments to e-mail primarily.

8 Q. Okay. On the PowerPoints that
9 were attachments to e-mails, what were some of
10 the subject matters that were covered by those
11 PowerPoints?

12 A. I remember one executive S&OP
13 deck.

14 Q. Okay.

15 A. I remember -- that's really the
16 only deck I remember.

17 Q. Okay. You said an executive --
18 and I may have misheard, did you say SNOP?

19 A. S and, ampersand OP.

20 Q. Okay. Thank you. And what does
21 that stand for?

22 A. It's the executive sales and
23 operations planning meeting.

24 Q. And this was a meeting in some

1 particular location?

2 A. It's an ongoing cadence of
3 meetings.

4 Q. Got it, okay. And you said you
5 reviewed some e-mail communications.

6 Generally, who were the
7 individuals that the e-mails involved, other
8 than you?

9 A. It ran the gamut. Most of the
10 e-mails actually had, you know, 50 people on the
11 to line.

12 Q. Anyone in particular that
13 featured prominently in some of those e-mails?

14 MS. HILLYER: Objection to form.

15 THE WITNESS: There were some
16 e-mails -- I would say two groups, sales
17 and marketing commercial and its subset
18 of groups and operations and their
19 subsets of groups, depending on the
20 subject matter.

21 BY MR. KIEFFER:

22 Q. Okay. Why don't you run through
23 us, if you will, briefly but completely your
24 employment history post college -- strike that.

1 Let me back up even further.

2 You're a college graduate?

3 A. I am a college graduate.

4 Q. What's the highest level of
5 college education you have? Is it a BS, a BA?

6 A. I have a completed BS and I have
7 an in-process MBA.

8 Q. Okay. And your completed BS,
9 what is that -- what field of study is that in?

10 A. Chemistry and biology.

11 Q. And where did you get that?

12 A. Wright State University is where
13 I graduated from.

14 Q. All right. And you got an MBA in
15 process you said?

16 A. I do.

17 Q. Okay. And then give us, if you
18 would, a brief but complete rundown on your
19 employment history post college.

20 MS. HILLYER: Objection to form,
21 calls for a narrative.

22 THE WITNESS: I'm not great with
23 years, but my first job post college was
24 at a small company called Isotech that

1 made isotopically labeled primarily
2 organic compounds, and they were bought
3 by Sigma-Aldrich, which is a much larger
4 chemical company.

5 And around the time of the
6 acquisition, I left there. I think I
7 was there a total of two, maybe three
8 years. I don't remember.

9 And then I went to Organon
10 Pharmaceuticals. I was a field sales
11 rep for anesthesia calling primarily on
12 hospitals and children's hospitals.

13 I went from that job
14 responsibility, my husband took a
15 different job, so we moved from Ohio to
16 New Jersey, and I took a job in 2002
17 with Sandoz in customer service for
18 generic pharmaceuticals. I stayed in
19 customer service in gradually increasing
20 roles of responsibility till 2007ish,
21 when I took a product management job at
22 Sandoz. And then I left Sandoz in 2008
23 and went to Teva.

24 At Teva my first job

1 responsibility was new --
2 commercialization of new product
3 launches for generics. I did that for
4 about a year. I took a leadership role
5 in customer service after about a year.
6 I stayed in that role, and that role
7 also expanded, so I went from a director
8 to a senior director for about four
9 years, maybe five years.

10 And then I -- I was promoted to
11 be the head of customer operations and
12 marketing operations for US generics. I
13 did that for two years.

14 And then Teva made a large
15 acquisition of Actavis causing somewhat
16 of a restructure, and I, in large part,
17 kept my role and my reporting structure
18 changed, and I became the senior vice
19 president at that time. I did that for
20 about two years.

21 And then Teva -- Teva had a new
22 global CEO at the end of 2017. He did a
23 leadership restructure, which had some
24 downstream changes, implications as

1 well, and so my reporting structure
2 changed at that point in time. And then
3 four or five months later Maureen
4 Cavanaugh, who was the COO of US
5 generics left the company, and they
6 combined her and my role.

7 Q. And you are currently chief
8 operations officer, correct?

9 A. For US generics, yes.

10 Q. US generics of Teva?

11 A. Yes.

12 Q. All right. Going back to your
13 employment with did you say Organon Pharma?

14 A. Organon.

15 Q. Approximately when did you
16 commence employment with that company?

17 A. We moved in 2002. I did it for
18 about a year. So 2000 or 2001.

19 Q. Okay. So fair to say since 2000
20 or 2001, your professional career has been spent
21 in the pharmaceutical industry?

22 A. Yes.

23 Q. Okay. Was Isotech a pharma
24 company?

1 A. Isotech was a provider to defense
2 companies and pharmaceutical companies.

3 Q. Okay. So it had -- it certainly
4 had a pharmaceutical component to it?

5 A. More of a research component.
6 They certainly didn't make -- the chemicals that
7 Isotech makes are extraordinarily expensive,
8 could be a million dollars for 2 grams, so
9 they're not something that's used in
10 commercialization. It's high R&D.

11 Q. Okay, I understand. You were
12 at -- at Organon you were a field sales rep as
13 it relates to anesthesia products, did you say?

14 A. Correct.

15 Q. And then at Sandoz, your initial
16 responsibilities involved customer service?

17 A. Correct.

18 Q. What was the nature of those
19 customer service responsibilities?

20 A. There was various facets. There
21 was answering the phone and trying to direct
22 patients to information they were seeking. For
23 example, I'm allergic to red dye number 10, can
24 you tell me does this drug have red dye number

1 10 in it.

2 It also had a component of
3 account service, which would be dealing with a
4 major customer that was prob -- most of the time
5 was assigned to you and you would help with
6 order entry, tracking orders, back order
7 communication, that type of logistics.

8 Q. Okay. And then you said in about
9 2007, you transitioned to a product management
10 role?

11 A. I did.

12 Q. And what sorts of products were
13 you responsible for managing?

14 A. At Sandoz at that time, at Teva
15 as well, but at Sandoz at that time products
16 were simply broken up by the alphabet. So I
17 don't remember, I think I had A to F, but I
18 could have had A to G, I don't know, but it was
19 some division of the alphabet that that is how
20 products are grouped.

21 Q. Okay. You said at Sandoz as well
22 as at Teva?

23 A. Teva does that as well.

24 Q. Okay. And so does that, for

1 example, include branded and generic products so
2 long as the name of the drug begins with the
3 letter of the alphabet that's under your area of
4 responsibility?

5 A. No.

6 MS. HILLYER: Sorry, we're
7 talking about Teva or Sandoz?

8 MR. KIEFFER: Well, thank you.

9 BY MR. KIEFFER:

10 Q. Let's go back to Sandoz. I don't
11 want to get ahead of myself.

12 So the products that you were
13 responsible for managing at Sandoz were products
14 based upon a group of letters of the alphabet,
15 right?

16 A. Correct.

17 Q. And you said A to?

18 A. I think A to F.

19 Q. Okay. I won't hold you to it,
20 but roughly A to F?

21 A. Yeah.

22 Q. So those products at Sandoz that
23 you were responsible for managing, did that
24 include both branded and generic products?

1 A. So, no, it was generic products,
2 and it was based on the letter of the alphabet
3 that the generic compound started with.

4 Q. Okay. Fair enough.

5 So to the extent there might have
6 been opioid medications that began with the
7 letter of the alphabet within your area of
8 responsibility, you would have been responsible
9 for managing those generic products?

10 A. Yes.

11 Q. At Teva were you in a product
12 management role?

13 A. No.

14 Q. Okay. Not ever?

15 A. No, not a traditional product
16 management role, no.

17 Q. Okay.

18 MR. KIEFFER: Can we pull up
19 document 1651.

20 (Document marked for
21 identification as Teva-Baeder Deposition
22 Exhibit No. 1.)

23 BY MR. KIEFFER:

24 Q. Ma'am, what we just handed you, I

1 identified as document 1651. We have marked it
2 as Exhibit Number 1 to your deposition. It is a
3 PowerPoint that we received from Teva's internal
4 files in this case. The cover of it says "Teva
5 Our Business Units," and then the second page of
6 it has an organizational chart, and it says "US
7 Generics - Our Structure," if I could turn you
8 to that.

9 A. Yes.

10 Q. All right. Now, at the top line
11 there, there's a gentleman identified by the
12 name of Andrew Boyer identified as president and
13 CEO of North America Generics, correct?

14 A. Correct.

15 Q. Okay. And we took Mr. Boyer's
16 deposition last week. He's no longer with Teva,
17 correct?

18 A. Correct.

19 Q. All right. Who's in that top
20 line spot today?

21 A. That role doesn't exist anymore,
22 as it did then. They have now combined the
23 brand and generic business and consolidated that
24 role, and the president and CEO, I'm not sure

1 that's his title, but of North America is
2 Brendan O'Grady.

3 Q. Brendan O'Grady?

4 A. Yes.

5 Q. Okay. And I won't hold you
6 precisely to his title.

7 A. Yes.

8 Q. But in terms of how this chart is
9 structured, we would put his name in there
10 today?

11 A. Yes.

12 Q. But the chart would look a little
13 bit different because today Mr. O'Grady, the
14 generics and the branded side of the
15 organization have been combined, and he has
16 oversight for all of that?

17 A. Correct.

18 Q. Okay. Do you have any
19 responsibility with respect to branded products
20 today?

21 A. My decision-making responsibility
22 is around generics. I do have teams, customer
23 service does process orders for both brand and
24 generics.

1 Q. Okay. Anything other than
2 customer service processing orders for both
3 branded and generics that would cause your
4 responsibilities to touch on the branded side of
5 the organization?

6 A. We touch and consult from time to
7 time on other matters.

8 For example, Teva has -- Teva's
9 largest historic brand was Copaxone, it was
10 going generic, or it was a threat of generic
11 competition, and the generic business did work
12 to try to inform model assumptions of the impact
13 to the company. So there are other from time to
14 time touch points, but the only standing
15 responsibility is within customer service and
16 also a very small amount in pricing.

17 My pricing team is responsible
18 for pricing decision-making in generics, and
19 they actually key it into the system for brands.
20 They don't calculate it, they don't decide it,
21 but they have an administrative function
22 associated, probably 2% of their time or less.

23 Q. Okay, thank you, that's helpful.
24 The Copaxone example that you

1 gave us, that was just an example to illustrate
2 the larger point you were trying to make, right?

3 A. Yes.

4 Q. You weren't suggesting Copaxone
5 is the only instance where that sort of let me
6 just call it cross-functional communication has
7 taken place, right?

8 A. No, absolutely not.

9 Q. Okay. And I do understand
10 there's differences between generic medications
11 and branded medications, and there's differences
12 in the two sides of the organization, but it's
13 true, is it not, again, as a general matter, we
14 may get into specific drugs later, as a general
15 matter, it's true there is some communication
16 back and forth as needed from time to time, some
17 collaboration back and forth as needed from time
18 to time, it's not as if those two sides of the
19 organization, brand and generic are totally
20 siloed from one another?

21 MS. HILLYER: Objection to form.

22 THE WITNESS: So I don't think
23 they would -- they're not totally
24 siloed, I agree with that. They are

1 dramatically siloed, so -- and it would
2 really depend on what chapter of Teva's
3 history you're speaking about. When we
4 had a CEO for generics and a CEO for
5 brands, that would inform and be an
6 appropriate assumption that things were
7 more siloed than they are now, when we
8 have a CEO of both businesses, so you
9 have a more combined leadership team.

10 BY MR. KIEFFER:

11 Q. Fair enough. And I'm not going
12 to spend a lot of time on this. I just want to
13 make sure I kind of understand the lay of the
14 land.

15 You've heard the phrase Chinese
16 wall?

17 A. Yes.

18 Q. And I don't mean anything
19 pejorative by that, I think I can still say
20 that?

21 A. Yes, yes.

22 Q. It's not as if there's some
23 Chinese wall at Teva, where there's no
24 communication between the folks on the brand

1 side and the generic side, true?

2 MS. HILLYER: Objection to form.

3 THE WITNESS: So there is no, you
4 know, compliance driven or business
5 entity reason that we cannot communicate
6 when appropriately.

7 BY MR. KIEFFER:

8 Q. And if there were significant
9 initiatives or significant developments on the
10 brand side that could impact the generic
11 business, it would be natural for there to be
12 some communication across the organization,
13 interested parties across the organization about
14 that and, conversely, if there was something
15 significant going on or planned on the generic
16 side that could potentially impact the branded
17 side of the business, there very well might be
18 communication across the organization among
19 interested parties about that as well?

20 MS. HILLYER: Objection, vague
21 and compound.

22 THE WITNESS: I think your
23 question is did we talk if there was a
24 decision made on one side of the

1 business that could impact the other
2 side. Predominantly, we would talk if
3 there was a decision to be made on the
4 generic side that would impact the brand
5 side, because the generic business is a
6 portfolio business, not a product by
7 product business. On the brand side
8 there are -- it's much more product
9 focused.

10 BY MR. KIEFFER:

11 Q. Okay. And is, again -- and I do
12 realize we're speaking in generalities.

13 A. Yeah.

14 Q. Sometimes that's helpful,
15 sometimes it gets too general to be meaningful.
16 So if it gets too general to be meaningful, you
17 tell me.

18 You mentioned that the generic
19 business is a portfolio business, but, again,
20 recognizing that not everybody on our jury may
21 use that word every day, a portfolio is a
22 grouping of products, right?

23 A. Correct.

24 Q. And does the generic business

1 tend to be more of a portfolio business because
2 of the nature of the customer, the immediate
3 customers that Teva has on the generic side?

4 MS. HILLYER: Objection to form.

5 THE WITNESS: I don't know how to
6 answer that. Let me give -- provide
7 some information and see if it answers
8 your question.

9 Teva has around 1,200 products.
10 I think we've had up to 1,500 generic
11 products, and right now we have
12 somewhere between 1,100 and 1,200
13 products.

14 BY MR. KIEFFER:

15 Q. Generic products?

16 A. Generic products.

17 Q. Thank you.

18 A. So the nature of the business is
19 quite different because you have a relatively,
20 relative to the brand side of the business,
21 small amount of individuals that are responsible
22 for the sales of a very large amount of
23 products.

24 Q. And a substantial part, and we

1 will get into some of this in a bit more detail
2 later in the day, but a substantial part of
3 Teva's generic sales is concentrated among a
4 relatively small number of very large customers,
5 correct?

6 MS. HILLYER: Objection to form.

7 THE WITNESS: The US generic
8 marketplace is quite consolidated as far
9 as market share, and there are three
10 very large buying groups. They're
11 actually not one customer. They're made
12 up of multiple customers, but there are
13 three dominant retail GPOs is how we
14 refer to them.

15 BY MR. KIEFFER:

16 Q. Retail?

17 A. GPOs, group purchasing
18 organizations.

19 Q. Okay. Is one of those an
20 enterprise that goes by the name Walgreens Boots
21 Alliance?

22 A. Yes, we refer to that as WBAD.

23 Q. That's come up in other
24 depositions.

1 And just for the benefit of our
2 jury, briefly, what is WBAD? And that's
3 spelled -- that's an acronym W-B-A-D, right?

4 A. Yes.

5 Q. All right.

6 A. What is it? I can tell you how
7 it functions.

8 Q. That's more helpful.

9 A. Right. It is a buying group
10 that's based in Switzerland that's made up of
11 Walgreens, AmerisourceBergen and Express
12 Scripts, the mail order pharmacy, and there's
13 some other smaller customers that have now been
14 acquired and are part of their buying power,
15 those are the three large arms, and they work
16 with manufacturers to negotiate pricing and
17 availability.

18 Q. Okay. Pricing and availability
19 for I'm going to call it their members, for lack
20 of a better term, for Walgreens, for
21 AmerisourceBergen, for Express Scripts and for
22 the downstream customers of those three, right?

23 A. Yes.

24 MS. HILLYER: Objection to form.

1 BY MR. KIEFFER:

2 Q. So they presumably have some
3 amount of leverage, for lack of a better word,
4 in negotiating prices?

5 MS. HILLYER: Objection to form.

6 BY MR. KIEFFER:

7 Q. Because of their size?

8 A. Depending on the molecule and the
9 competition in the marketplace, they would
10 certainly have more leverage than someone who
11 represents a very small market share.

12 Q. Couple things about that, thank
13 you.

14 You used the term molecule?

15 A. Yes.

16 Q. When you use the term molecule,
17 are you tending to refer to what a layman might
18 call a particular drug?

19 A. Yes, but, typically, decisions on
20 procurement are made in drug family. So I may
21 offer seven strengths of atorvastatin, which is
22 generic Lipitor, it's more the norm that the --
23 if WBAD was going to make a procurement
24 decision, they would make it across all of the

1 strengths than to award two strengths to Teva
2 and two strengths to Mylan or, so to speak, so
3 that's why I tend to use molecule, because
4 product to me is a specific NDC code, which is a
5 molecule, a strength and a bottle count.

6 Q. Got it.

7 You made reference in your prior
8 answer a moment ago that WBAD might have more
9 leverage, I think you're using my term, to
10 negotiate pricing than would someone who had a
11 lesser market share or words to that effect,
12 right?

13 A. So, historically, in generics,
14 pricing has been correlated to volume, concepts
15 that are somewhat familiar in economics, which
16 is the more you buy, the better price that you
17 get. It's not always the case. There are
18 certainly exceptions, but, historically, that is
19 relatively true.

20 Q. Okay. Fair enough.

21 And because WBAD is a group that
22 buys a lot of volume of generic medicines,
23 typically, they get better prices than folks who
24 buy lesser volumes, right?

1 A. Typically, that's true.

2 Q. All right. You use the term
3 market share.

4 What is, approximately, WBAD's
5 current share of the generic market currently?

6 MS. HILLYER: Objection to the
7 extent it calls for speculation.

8 THE WITNESS: I don't know their
9 market share for the generic
10 marketplace.

11 BY MR. KIEFFER:

12 Q. Okay.

13 A. Their market share for Teva
14 fluctuates between -- depending on how the
15 calculation is done, you know, 22 to 28 share.

16 Q. 22% to 28%?

17 A. 22 to 28%.

18 Q. A big part of your business, in
19 other words?

20 A. Yes.

21 MS. HILLYER: Objection to form.

22 BY MR. KIEFFER:

23 Q. Now, you mentioned a couple
24 minutes ago there were three dominant retail

1 group purchasing organizations or GPOs, right?

2 A. Correct.

3 Q. WBAD is one, right?

4 A. Correct.

5 Q. Who are the next two?

6 A. Red Oak Sourcing.

7 Q. Red Oak Sourcing?

8 A. Yes, which is made up of CVS
9 Caremark, Cardinal Health and many ancillary
10 smaller companies, Omnicare, they support the
11 Target pharmacy, and to be very clear, from my
12 perspective, I'm not always -- I don't always
13 retain whether they've purchased that smaller
14 company or if it's joined the alliance or
15 whatever. They represent their buying
16 interest --

17 Q. Fair enough.

18 A. -- for whatever corporate
19 structure they have.

20 Q. Okay. I got it. Okay.

21 And is Red Oak Sourcing
22 essentially number two of the three dominant
23 retail GPOs?

24 MS. HILLYER: Objection to form.

1 THE WITNESS: Red Oak Sourcing is
2 number one for Teva.

3 BY MR. KIEFFER:

4 Q. Is number one for Teva, okay,
5 thank you.

6 And approximately how much of
7 Teva's market share does Red Oak Sourcing make
8 up?

9 A. 30 to 34%.

10 Q. Okay. And who is the third
11 large, dominant group purchasing organization,
12 from Teva's perspective?

13 A. Clarus One.

14 Q. Clarus One. Can you spell that
15 for us?

16 A. C-l-a-r-u-s and then the word one
17 spelled out.

18 Q. And who does Clarus One
19 represent?

20 A. McKesson and Walmart, the piece
21 of Rite Aid that was not sold to Walgreens and
22 various other smaller firms.

23 Q. Okay. Is Clarus One a relatively
24 new name?

1 MS. HILLYER: Objection to form.

2 THE WITNESS: Two years, maybe
3 three years.

4 BY MR. KIEFFER:

5 Q. Okay. I haven't seen that as
6 much. I've seen certainly references to
7 McKesson and Walmart, that's why I asked.

8 Approximately how much of Teva's
9 market share is represented by Clarus One?

10 A. Maybe -- so let me just caveat
11 that market shares are never -- never static.

12 Q. I understand.

13 A. So they just lost a piece of Rite
14 Aid's business when Rite Aid chose to sell part
15 of their business to Walgreens, so they're
16 always in flux. So maybe 16 to 20%.

17 Q. Okay. Fair enough. No, I
18 understand these things fluctuate quite a bit.

19 So I have --

20 MR. MUDGE: Excuse me. While
21 you're paused. This is Will Mudge for
22 the Endo and Par defendants. I'm sorry
23 to interrupt. I joined late and I don't
24 want to be here observing without having

1 announced myself.

2 MR. KIEFFER: Oh, all right.

3 Thank you.

4 MS. WIDAS: Also, one other.

5 There was trouble with the dial-in.

6 This is Alexandra Widas from Covington
7 for McKesson. Apologies.

8 MR. KIEFFER: Okay, thank you.

9 BY MR. KIEFFER:

10 Q. I'm not going to promise my math
11 is perfect, but I roughly totaled up the
12 percentages that you gave us for those three big
13 retail GPOs, and if my math is right, it looks
14 like combined they represent anywhere from maybe
15 68 to 82% of Teva's market share.

16 Does that generally sound correct
17 to you?

18 A. That seems reasonable to me.

19 Q. Okay. Thank you.

20 A. I would have said 75 to 85.

21 Q. Fair enough. And I didn't mean
22 to take you off on a tangent. That probably
23 gets rid of questions I had to ask you later in
24 the day.

1 A. Okay.

2 Q. Let's turn, if we can, though, to
3 Exhibit Number 1 before I leave it, that's the
4 organizational chart.

5 MS. HILLYER: John, just a
6 question on Exhibit 1, was this attached
7 to an e-mail, do you know, just for sake
8 of completeness?

9 MR. KIEFFER: I think it is -- I
10 don't know. I can give you -- I can
11 give you the Bates number --

12 MS. HILLYER: I see the Bates.

13 MR. KIEFFER: -- for the native.

14 MS. HILLYER: Okay, I mean, I
15 have that.

16 MR. KIEFFER: I don't know the
17 answer off the top of my head.

18 MS. HILLYER: Okay.

19 MR. KIEFFER: All right. We did
20 mark it with Mr. Boyer. That doesn't
21 answer your question but...

22 MS. HILLYER: It's okay.

23 MR. KIEFFER: It's been out
24 there.

1 BY MR. KIEFFER:

2 Q. Okay. Before I leave this, so
3 Mr. Boyer has left. Mr. -- I'm sorry, his name
4 again, Grayson, what's the new CEO's name?

5 A. Brendan O'Grady.

6 Q. Sorry, Brendan O'Grady, okay. So
7 we can slide him in there at the top line. He's
8 got responsibility for branding and generics
9 now, correct?

10 A. Yes.

11 Q. All right. Now, your title is no
12 longer SVP of customer and marketing, right,
13 your current title is chief operations officer
14 for US generics, right?

15 A. Correct.

16 Q. Do you appear at the same place
17 on the organizational chart?

18 MS. HILLYER: Objection to form.

19 THE WITNESS: It's a completely
20 different structure. I report in to the
21 CEO, so from that perspective I do, but
22 the whole structure has been redone
23 because branded and generics are
24 together.

1 BY MR. KIEFFER:

2 Q. Okay. I got it.

3 But you do report directly to the
4 current CEO?

5 A. Correct.

6 Q. And you did when Mr. Boyer was
7 the CEO as well?

8 A. Yes, since 2016.

9 Q. Since 2016 until there was a
10 restructuring done, right?

11 A. From 2016 I reported to Andy, and
12 then from 2018 I report to Brendan.

13 Q. Okay. And when you say "Andy,"
14 you mean Mr. Boyer, right?

15 A. Mm-hmm.

16 Q. Okay. And when you started
17 reporting directly to Mr. Boyer, was that
18 immediately following the acquisition by Teva of
19 Actavis?

20 A. Yes, it was upon the close of the
21 acquisition.

22 Q. You work for -- your direct
23 employer is Teva USA?

24 A. Yes.

1 Q. Okay. I want to focus for a
2 moment on your responsibilities from, let's say,
3 2016 until today, okay?

4 A. Okay.

5 Q. Can you provide the jury with an
6 overview of the various I'm going to call them
7 operational areas or functional units or
8 departments, whatever is the right terminology,
9 provide us with a description of what those are
10 and then give us a little bit of detail about
11 the actual nature of the work that happens in
12 those areas?

13 MS. HILLYER: Objection to the
14 form to the extent it's different across
15 that time frame.

16 BY MR. KIEFFER:

17 Q. And to the point of counsel's
18 objection, if it is different across that time
19 frame, I'd like you to tell us that. So if it's
20 easier for you to go 2016, 2017, 2018, whatever
21 makes sense, okay?

22 A. Okay. So 2016 to 2018 were
23 somewhat static. This org chart is not correct.
24 So perhaps it was a draft or -- I don't know.

1 But Jennifer King reported to Rick Rogerson.

2 Q. Okay. Let me stop you there and
3 just ask you, who is Jennifer King?

4 A. Jennifer King is in charge of --
5 well, Rick Rogerson was in charge of, but she
6 worked on his team coordinating the
7 commercialization of new product launches.

8 Q. Okay. And did she ultimately
9 then fall under your area of responsibility?

10 A. She did, and this could be later,
11 like later we split it apart, so I don't exactly
12 know what time frame this is.

13 Q. Okay. Fair enough. Go ahead.

14 A. So Rick Rogerson had two main
15 responsibilities, which is coordination of data
16 analytics, which would include the use of IMS
17 data. It would include internal calculations
18 relative to forecasting in a one-year bucket, as
19 well as other data requests that might come up
20 from time to time. And Jen King focused on --
21 who worked for Rick Rogerson for at least a
22 large part of this period, she focused on if we
23 launch a new product, making sure that -- how
24 much product are we going to have in the

1 warehouse on the day it launches, coordinating
2 with pricing on, although not a decision-maker
3 on pricing, she would coordinate with pricing on
4 what pricing we were going to offer to the
5 marketplace, provide information to the sales
6 team on, you know, our supply position things of
7 that Nate.

8 Michelle Osmian had the customer
9 service function, which would involve the
10 customer service functions that we discussed
11 earlier, helping customers place orders,
12 answering questions about product availability,
13 back order timing, tracking, you know, what
14 other questions there may be. Like, can have a
15 reprint of an invoice, that type of thing. She
16 also handles our customer inventory strategy,
17 which includes if we are constrained on
18 inventory, which is very, very common in the
19 generic business, who gets that inventory, how
20 do you appropriately spread the inventory around
21 between customers.

22 Kevin Galownia is responsible
23 from 2016 and still to this day for all generic
24 pricing, obviously in coordination with myself,

1 but he recommends pricing for new products.

2 He's responsible for responding to price
3 challenges from our customers, which are
4 extraordinarily common in the generic business.

5 And then Napoleon Clark is the VP
6 of marketing. He has two functions underneath
7 him. One is institutional marketing, which is
8 coordinating product strategy for products that
9 are primarily institutional, primarily actually
10 injectable is kind of how we divide that, and
11 with a couple of exceptions.

12 And then also he has the -- what
13 we term the retail product management team,
14 which oversees the bulk of the 1,200 products
15 that we have. They do things like interfacing
16 with operations when there is a supply issue.
17 They keep generally abreast of changes in
18 labeling that are required by the FDA. They
19 don't execute and they're not an expert on the
20 label, but they play a key role in how those
21 changes may reflect -- impact our supply
22 availability.

23 They also make -- make
24 recommendations on -- in the budgeting forecast

1 on products, you know, are they profitable, are
2 they not profitable, do we think the price will
3 continue to erode, do we think there will be
4 more and more competition, and then they would
5 take that information, interface with operations
6 and say, you know, this is a nice product for
7 us, but we anticipate that we will no longer
8 make money in two years, is there anything that
9 we can do from a cost of goods standpoint, they
10 help coordinate those efforts.

11 I think that's my whole team.

12 Q. Okay. Now, the response you just
13 gave us, was that generally tied to 2016 or the
14 period 2016 through 2018?

15 A. I would say 2016 to 2018, in a
16 general way. This Jen King, Rick Rogerson
17 breakout aside.

18 Q. Fair enough.

19 And so you went through and you
20 described for us some of the folks that are
21 shown on that organizational chart, Exhibit
22 Number 1, their areas of responsibility and some
23 of the detail or semi-detail level activities
24 and tasks. All of those things combined then

1 would essentially describe your role?

2 A. Correct.

3 Q. Anything else about your role
4 separate and apart from the general descriptions
5 you just gave us over the last few minutes?

6 MS. HILLYER: Objection to form.

7 BY MR. KIEFFER:

8 Q. It wasn't a great question.

9 Do you have other roles and
10 responsibilities within the organization other
11 than the description that you gave us over the
12 last few minutes pertaining to the folks who
13 report up to you?

14 A. I have a --

15 MS. HILLYER: Sorry, again,
16 currently or 2016 to 2018?

17 BY MR. KIEFFER:

18 Q. Yeah, 2016 to 2018.

19 A. 2016 to 2018, I had -- my team
20 does as well, but probably more I have a
21 responsibility to interface with customers at a
22 senior level, and I have a responsibility to
23 interface and support the sales team, Mark
24 Falkin's role at a senior level, and that would

1 involve questions that are more strategic. So
2 for a particular molecule, there's a shortage on
3 the market, do we want to give more product to
4 customer A versus customer B, those types of
5 things.

6 Q. All right. Let me follow up on a
7 couple things that you just said about some of
8 these folks to make sure that I'm clear.

9 You were discussing the general
10 duties of Mr. Rogerson and Ms. King and you used
11 the term data analytics, correct?

12 A. Correct.

13 Q. One of the things you said was
14 they may use IMS data; is that right?

15 A. Correct.

16 Q. IMS data is relatively
17 well-recognized data in the industry that
18 provides things like sales of particular
19 products by manufacturers or purchasers of
20 particular products by certain customers?

21 MS. HILLYER: Objection to form.

22 BY MR. KIEFFER:

23 Q. As two examples?

24 A. I'm trying to think if I've ever

1 seen customer data. IMS data on the generic
2 side has a lot more restrictions than IMS data
3 on the brand side is my understanding. I've
4 never used it on the brand side, but on the
5 generic side, I don't know that customer data is
6 easily attained. It's not something that I
7 remember looking at in any detail.

8 We do, however, get market size
9 information, how many tablets of X drug were
10 sold, competitive information. These are the
11 six or seven companies that may be selling this
12 drug, and then you can see TRx, which is total
13 prescriptions. You can see NRx, which is new
14 prescriptions. And you can see sort of total
15 number of units in the market and total number
16 of tablets in the market.

17 Q. Okay, fair enough.

18 As it relates to the functions
19 handled by Mr. Rogerson and his group, including
20 Ms. King, you also mentioned they may use
21 internal data for forecasting, at least on maybe
22 a one-year time horizon?

23 A. Absolutely.

24 Q. Okay. This internal data, as an

1 example, would be looking at customer purchase
2 histories?

3 A. Certainly that data would be
4 available to them. I don't know that that's
5 specifically what they did, because they didn't
6 have customer specific responsibilities. They
7 had sort of Teva holistic responsibilities. So,
8 generally, they would use total purchases by all
9 customers as a trend. There may have been times
10 where they used customer specific data. It was
11 data available.

12 Q. Okay. Data available, so, for
13 example, if Mr. Rogerson or Ms. King or others
14 within Teva wanted to know what a particular
15 customer had purchased a year ago during the
16 same month or the same quarter of a particular
17 product in a size and strength, that information
18 is available?

19 A. Yes.

20 Q. Okay. When you were discussing
21 Ms. Osmian, you said one of the things that she
22 focuses on is product availability, right?

23 A. Correct.

24 Q. Backorder times?

1 A. Yes. Her and -- just to be
2 clear, her and Napoleon somewhat share that.
3 She handles the customer interface of that
4 information. He handles the internal interface
5 of that information.

6 Q. All right. Thank you.

7 And another thing you mentioned
8 Ms. Osmian sometimes handles is customer
9 inventory strategy?

10 A. Yes.

11 Q. And I think in that regard, you
12 mentioned shortages, and you said shortages in
13 the generic business are common, right?

14 A. Backorders are common.

15 Q. And in that circumstance, one of
16 the things that has to be determined by Teva or
17 maybe somebody like Ms. Osmian is which
18 customers get how much of what product if
19 there's a shortage, right?

20 A. Correct.

21 Q. When shortages of a particular
22 product occur, are there circumstances where
23 Teva may buy that product from another
24 manufacturer in order to meet a customer demand

1 or some sort of obligation to a customer?

2 A. I think that would be a truly
3 exceptional situation. I can't say it never
4 happens because I'm -- I'm sort of arm's length
5 involved in divestments, and I do know that
6 sometimes when there is a divestment, which is
7 part of an acquisition and an FDC action, that
8 if -- if we thought -- those things happen
9 typically because the acquired company and Teva
10 both manufacture or have a ANDA, abbreviated new
11 drug application for a drug. There are
12 assumptions sometimes that we'll both be on the
13 market by "X" date and something happens,
14 operationally or in R&D or whatever, and we
15 can't be. There are situations that I don't
16 have a lot of detail on where there is a
17 negotiation with the other party to be able to
18 continue to market, but that's relatively
19 exceptional.

20 Q. Let me follow up briefly, and
21 then we'll move on.

22 Depending on time today, there
23 are documents that have been produced from
24 Teva's files that appear to indicate that there

1 were occasions when Teva bought product from
2 companies like Mallinckrodt and Purdue. If, in
3 fact, that's the case, is that the kind of --

4 A. We --

5 MS. HILLYER: Hold on one second.

6 BY MR. KIEFFER:

7 Q. Is that the kind of situation,
8 generally speaking, that you just described or
9 something else?

10 MS. HILLYER: Objection to form.

11 THE WITNESS: We do source
12 product from other manufacturers. It's
13 typically not in response to backorder.
14 It's typically a longer term supply
15 agreement.

16 BY MR. KIEFFER:

17 Q. Okay. Thank you. I think I kind
18 of took the long way around the barn.

19 A. Sorry.

20 Q. No, it's not you, I think it's
21 me. Let me follow up on what you just said
22 then.

23 When you say we do source product
24 from other manufacturers and it is typically

1 part of a longer term supply agreement; did I
2 say that correctly?

3 A. Yes.

4 Q. Can you describe what you --
5 describe the nature of how that works?

6 MS. HILLYER: Objection to form.

7 THE WITNESS: It takes various
8 forms, but we do have -- we do have
9 manufacturing that's done on our behalf
10 by other firms. Sometimes it's our
11 intellectual property. Sometimes it may
12 be a company that has intellectual
13 property. So by that they have an ANDA,
14 an abbreviated new drug application, and
15 they have a means to manufacture but
16 they don't have commercial experience,
17 or they don't believe that their
18 commercial experience would drive
19 success, and then they may choose to
20 partner with Teva.

21 And sometimes supply from other
22 companies is a result of patent
23 litigation or other settlements.
24

1 BY MR. KIEFFER:

2 Q. Okay. Are you done, or are you
3 pausing?

4 A. I'm done.

5 Q. Okay, thank you.

6 And I wasn't meaning to be
7 critical by that. Your answer is very complete.
8 I just want to make sure I let you finish it.

9 Okay. So you said sometimes
10 manufacturing is done for Teva by other firms,
11 right?

12 A. Correct.

13 Q. Let me start there.

14 Is one situation where another
15 company might be manufacturing a Teva product so
16 you say sometimes it's Teva's IP, Teva's
17 intellectual property, right?

18 A. Correct.

19 Q. Okay. So in that circumstance,
20 would another company be manufacturing a
21 particular product to Teva's specifications and
22 then effectively putting Teva's name on it?

23 MS. HILLYER: Objection to form.

24 THE WITNESS: If it's Teva's

1 ANDA, if we own the ANDA, by default,
2 there are specifications implied. I
3 don't have the detail on who in a
4 forward world, maintains those
5 specifications, and I'm guessing it's
6 different relationship by relationship,
7 who goes back to the FDA to negotiate if
8 there needs to be a change in X, Y or Z,
9 but, fundamentally, at its base case,
10 our ANDA our intellectual property and
11 they're manufacturing on our behalf.

12 BY MR. KIEFFER:

13 Q. Okay. And then you said there
14 may be circumstances in other instances where
15 other companies have the ANDA?

16 A. Yes.

17 Q. So there it's -- in that
18 circumstance, it's their intellectual property,
19 their IP, right?

20 A. Yes.

21 Q. And they may have the capacity to
22 manufacture the drug, but for various reasons,
23 they may choose to partner with Teva?

24 A. Yes.

1 Q. And you said they may not have
2 commercial experience might be one reason?

3 A. Yes.

4 Q. They may not have the customer
5 base or they may not be able to bring the demand
6 to the table for the particular product that
7 they can supply that Teva can. Would that be
8 another reason?

9 A. I don't know it's about bringing
10 the demand. I don't know that we bring demand.
11 It's more about perhaps they don't have
12 contracts with customers and they would be
13 starting, you know, a process that's very long,
14 could be multiple years to negotiate contracts,
15 and they would prefer to get into the market
16 faster. I mean, I don't know why they come to
17 Teva.

18 You know, there's -- and, by the
19 way, there's variations even of that
20 relationship, right. They could own the ANDA
21 and not manufacture and we could manufacture.
22 They could own the ANDA -- you know, there's
23 relationships I can't think of a good example
24 right now, but I know that there's four or five

1 people that are a part of the overall
2 relationship, so it can get quite complex.

3 Q. Okay, fair enough.

4 Your initial comment was you said
5 we do source products from other manufacturers,
6 right?

7 A. Mm-hmm.

8 Q. So I want to follow up on that
9 terminology.

10 A. Okay.

11 Q. In those instances -- and I
12 realize the circumstances vary and, presumably,
13 there's written agreements that govern all that,
14 right?

15 A. Yes.

16 Q. Okay. As a general matter,
17 though, when Teva sources products from other
18 manufacturers, do the products ultimately bear
19 Teva's name?

20 MS. HILLYER: Objection to form.

21 THE WITNESS: Bear Teva's name?

22 BY MR. KIEFFER:

23 Q. When Teva is sourcing them from
24 another manufacturer as opposed to maybe a

1 circumstance where Teva is manufacturing for
2 somebody else?

3 A. So, typically, products sold out
4 of the Teva warehouse, Teva USA, have a Teva or
5 a Teva family label.

6 Q. When you say Teva or Teva family,
7 what do you mean by "Teva family"?

8 A. We're a company of acquisition,
9 so, you know, sometimes the -- to change a
10 label, to change just the print on a label
11 requires an FDA action and et cetera, et cetera.
12 So, certainly, day one post an acquisition, all
13 of the labels in the warehouse are not Teva, but
14 they're Teva family, they're Teva affiliates.

15 Q. Understood, okay.

16 You used a phrase I want to
17 follow up on. You said we're a company of
18 acquisition? Yes?

19 A. Yes, we had a lot of
20 acquisitions.

21 Q. Okay. For example, I'm not going
22 to pretend that this is all of them, but as a
23 couple, a few years ago Teva acquired a company
24 by the name of Cephalon; you know that name?

1 A. Yes.

2 Q. And then Teva obviously acquired
3 Actavis in 2016, right?

4 A. Yes.

5 Q. And insofar as you are aware,
6 based on -- I'm not asking you to speak for the
7 company, but based on your time at Teva and the
8 roles that you've had and the opportunities, the
9 window you've had into kind of business
10 strategy, does it appear to you that it is a
11 strategy of Teva to grow by acquisition, where
12 possible?

13 MS. HILLYER: Objection to form.

14 THE WITNESS: I am not part of
15 the acquisition strategy team, and I
16 think our CEO has very publicly said it
17 is not our current strategy.

18 I would take by results that it
19 was a piece of our strategy during those
20 decisions.

21 BY MR. KIEFFER:

22 Q. Okay. Thank you.

23 So when you say your CEO has said
24 publicly it is not a current strategy to grow by

1 acquisition, you mean now in 2019?

2 A. Yes, yes. 2018. He has been our
3 CEO for one year.

4 Q. Okay. Thank you. But prior to
5 that, not trying to pin it on a month and year,
6 but at least through the -- at least through the
7 period of the Actavis acquisition, it was a
8 strategy of Teva's to grow by acquisition?

9 MS. HILLYER: Objection to form.

10 THE WITNESS: During my tenure at
11 Teva, we've done three relatively major
12 acquisitions that I can remember. Barr,
13 Cephalon and Actavis.

14 BY MR. KIEFFER:

15 Q. And you were there for all three?

16 A. For all three.

17 Q. All right.

18 A. Barr sort of at the tail end.

19 MS. HILLYER: John, we've been
20 going a little over an hour.

21 MR. KIEFFER: Can I ask one or
22 two more questions on this topic, and
23 then I think I'm going to completely
24 shift gears.

1 MS. HILLYER: Okay.

2 MR. KIEFFER: Thanks.

3 BY MR. KIEFFER:

4 Q. Back to the -- back to your
5 comment that we do source products from other
6 manufacturers, I just want to kind of bring us
7 full circle on that. If there are documents
8 that have been produced to us which appear to
9 reflect that at certain points in time, Teva was
10 sourcing product from Mallinckrodt and Purdue,
11 do you have any reason to say, no, no, no,
12 that's not correct, I have personal knowledge
13 that that's something we at Teva never did?

14 MS. HILLYER: Objection to form.

15 THE WITNESS: Yeah, I don't have
16 a gut reaction that that wouldn't be
17 accurate. I always -- I'm always
18 cautious. Most supply agreements that I
19 have read are extraordinarily
20 complicated, so I never know if the
21 right word is sourcing or licensing.
22 They can be very complex arrangements.

23 BY MR. KIEFFER:

24 Q. Yeah, and I'm really -- thank

1 you.

2 I intended to use the word
3 sourcing as a layman, not in a strictly legal
4 sense, okay?

5 A. Yeah.

6 Q. So if there are documents
7 reflecting that at certain points in time, Teva
8 was sourcing certain products from companies
9 like Mallinckrodt and Purdue, that wouldn't
10 necessarily surprise you?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: No.

13 BY MR. KIEFFER:

14 Q. Do you have a specific memory of
15 any instances, not the details of them, but
16 just, in general, of Teva sourcing product from
17 Mallinckrodt or Purdue?

18 A. I don't have any memory of
19 Mallinckrodt. I am aware, because it affects
20 our supply availability, that there is a
21 specific agreement with Purdue, and we get, you
22 know, very specific quantities of product to
23 sell.

24 Q. From Purdue?

1 A. From Purdue.

2 Q. And are those typically opioid
3 medications?

4 MS. HILLYER: Objection to form.

5 THE WITNESS: The one that I'm
6 aware of is an opioid medication.

7 BY MR. KIEFFER:

8 Q. Okay. Which one is that?

9 A. It's Oxycodone ER.

10 Q. Oxycodone ER?

11 A. ER.

12 Q. Extended-release?

13 A. Mm-hmm.

14 Q. Okay. And then in terms of
15 sourcing product from other manufacturers, to
16 your knowledge, has Teva ever sourced product
17 from a company by the name Alvogen,
18 A-l-v-o-g-e-n?

19 A. It wouldn't surprise me, but I
20 don't have any recollection.

21 Q. Okay. But that's a name you
22 know?

23 A. Yes.

24 MR. KIEFFER: Okay. We can take

1 a break.

2 THE VIDEOGRAPHER: Going off the
3 record at 10:14 a.m.

4 (Brief recess.)

5 THE VIDEOGRAPHER: We're back on
6 the record at 10:32 a.m.

7 BY MR. KIEFFER:

8 Q. Ms. Baeder, we are back on the
9 record after a break. Are you ready to proceed?

10 A. Yes.

11 Q. Okay. Before I completely shift
12 gears, let me just -- ma'am, before I totally
13 shift gears, let me briefly follow up on a
14 couple of issues that came up in our discussion
15 before the break.

16 You mentioned that Cardinal
17 Health is a member of one of the large three
18 retail buying groups, correct?

19 A. Correct.

20 Q. Is that Red Oak?

21 A. Yes.

22 Q. Does Cardinal Health actually buy
23 product from Teva?

24 A. Yes.

1 Q. Cardinal is sometimes, at least
2 colloquially, referred to as a distributor, have
3 you heard that before?

4 A. A wholesaler.

5 Q. Wholesaler?

6 A. Yes.

7 Q. But Cardinal is a customer of
8 Teva's who does actually buy product from Teva?

9 A. Yes.

10 Q. And then resells it to customers
11 of its own?

12 A. Yes.

13 Q. One of the people that reports up
14 to you is Napoleon Clark?

15 A. Yes.

16 Q. And his group is sales and
17 marketing; is that right?

18 A. No, he does not have any sales
19 responsibility.

20 Q. Okay, my mistake. Tell me his
21 title.

22 MS. HILLYER: Currently?

23 THE WITNESS: VP of marketing
24 operations, I believe.

1 BY MR. KIEFFER:

2 Q. That's his current title?

3 A. Yes.

4 Q. VP of marketing operations?

5 A. I think that's been his title
6 since 2016. I wouldn't swear, but I'm pretty
7 sure.

8 Q. Thank you. I thought I heard you
9 say before the break that one of the things that
10 Mr. Clark or his group might have some
11 responsibility for is keeping up with drug label
12 changes?

13 A. It's not marketing operations'
14 responsibility to monitor label changes or
15 implement label changes. However, any change in
16 the product, including label, can be a
17 disruption in the supply chain, and it is his
18 responsibility to understand if that will create
19 an availability issue for our forecasted
20 customer usage.

21 Q. Okay. For example, a
22 manufacturing issue where you've got to start
23 putting a new label on the product?

24 A. Correct.

1 Q. Okay. And you said it is not
2 marketing operations' responsibility to monitor
3 label changes or implement them, correct?

4 A. Correct.

5 Q. Is there another area within Teva
6 where individuals do have that responsibility?

7 A. Yes.

8 Q. What is that?

9 A. Broadly, it would be regulatory.
10 I believe there's actually a specific labeling
11 group, but I'm not -- I'm not clear on who sort
12 of monitors and then who executes.

13 Q. And those are two different
14 functions, as far as you're concerned, the
15 monitoring of label changes and the execution of
16 labeling changes for Teva products?

17 A. There are two different steps. I
18 don't know if the same people do it or if it's
19 changed over time. I don't know.

20 Q. Okay. And then do you know are
21 both of those steps, the monitoring of drug
22 labeling changes and the implementation or
23 execution of those labeling changes, are both of
24 those things done by the regulatory area?

1 A. To the best of my knowledge, yes.

2 Q. And who is currently in charge of
3 that regulatory area?

4 A. For US generics?

5 Q. Yes.

6 A. Scott Tomskey.

7 Q. And how about, let's say --

8 A. I'm not sure that he oversees
9 labeling. For a while it was split to a
10 different group and the person that I knew that
11 headed that group is no longer with Teva, and I
12 don't know how it's organized now.

13 Q. What was that former group, and
14 what was the name of that individual?

15 A. It was Jamie Werner, and she was
16 in charge of labeling. I don't know her title.
17 She was a vice president, I believe.

18 Q. Jamie Werner may have been a vice
19 president, I won't hold you to the title?

20 A. Yes.

21 Q. In charge of labeling?

22 A. Yes.

23 Q. For approximately what period of
24 time, 2016 to some point thereafter?

1 A. I don't know when she left the
2 organization. My memory is that she left by
3 2017.

4 Q. Okay. And was she in a larger
5 functional area, not regulatory, some other
6 area?

7 A. She was part of regulatory, but
8 not part of specifically generic regulatory.

9 Q. Regulatory that might have to do
10 with both?

11 A. Yes.

12 Q. Generic and branded?

13 A. Yes.

14 Q. Okay.

15 A. That was my understanding.

16 Q. All right. And I'm sorry, did
17 you say Jamie Werner?

18 A. My recollection is it's
19 W-e-r-n-e-r.

20 Q. Okay. And do you know where
21 Ms. Werner is today?

22 A. I have no idea.

23 Q. All right. Once -- whoever has
24 responsibility and had responsibility, let's

1 say, from 2016 forward to monitor and implement
2 drug labeling changes at Teva, do they also --
3 does this same group have the responsibility for
4 making any communications to Teva's customers
5 about the labeling changes?

6 MS. HILLYER: Objection to the
7 extent it calls for speculation.

8 THE WITNESS: Yeah, I don't know
9 what that means exactly.

10 BY MR. KIEFFER:

11 Q. Okay.

12 A. We do provide -- we do provide
13 copies of our label, literally just the label,
14 like no changes, no commentary, nothing, upon
15 request.

16 Q. Okay. Let me give you an
17 example, and this is a pure hypothetical to try
18 to help me understand the issue and hopefully to
19 help us communicate about it, okay?

20 A. Okay.

21 Q. You're in charge of customer
22 service today, right?

23 A. Correct.

24 Q. And have been for a while?

1 A. Yes.

2 Q. Okay. I'm assuming, but it may
3 not be a correct assumption, but I'm assuming
4 that when a company like Teva implements a
5 labeling change to a drug, it doesn't just slap
6 the new label on the drug and ship it out to its
7 customers without telling them something has
8 changed.

9 Do you think that's a safe
10 assumption?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: It would be -- it
13 would depend on how you define label
14 change.

15 BY MR. KIEFFER:

16 Q. Okay.

17 A. So if we change the part number,
18 then we would absolutely communicate, and
19 certain changes in the product require changes
20 in the part number. Not an expert on that, but,
21 for example, if you move from one ANDA to a
22 different ANDA, then you would need to typically
23 change the part number, and in those cases, we
24 absolutely proactively communicate.

1 If there is a change in the
2 package insert, that is not something that we
3 would proactively communicate from commercial.

4 Q. From commercial?

5 A. Yes.

6 Q. Okay. Let me follow up on that,
7 if I can.

8 You used the term part number a
9 couple of times. Is that the same as like a SKU
10 number?

11 A. Which is the same as NDC Code.

12 Q. All the same?

13 A. All the same.

14 Q. It's how the customer identifies
15 a specific drug by dose, unit, strength, all
16 that and uses it to order, right?

17 A. Yes, they use it to order. It's
18 molecule, dose and count, how many pills are in
19 a package.

20 Q. And if there is a labeling change
21 that would affect that number, you said that
22 Teva or at least from your area of the
23 organization would absolutely proactively
24 communicate that to the customer?

1 MS. HILLYER: Objection to the
2 form, mischaracterizes her testimony.

3 THE WITNESS: So if there is a
4 part number change, we have to
5 communicate; otherwise, they can't order
6 the product.

7 BY MR. KIEFFER:

8 Q. Right. The whole supply chain as
9 between Teva and its customers gets screwed up?

10 A. Correct.

11 Q. Okay. So you have to do that,
12 and you do do that, right?

13 A. Yes.

14 Q. Okay. Now, you said if there is
15 a change in the package insert, let me focus on
16 that.

17 A. Yes.

18 Q. So package insert, for example,
19 among other things, might include information
20 about indications for a drug, warnings about a
21 particular drug.

22 A. Correct.

23 Q. Those sorts of things?

24 A. Correct.

1 MS. HILLYER: Objection to form.

2 BY MR. KIEFFER:

3 Q. And if that sort of information
4 were to change, I thought I understood your
5 testimony to be, we don't proactively
6 communicate that from commercial, I think was
7 what you said?

8 MS. HILLYER: Object to form.

9 THE WITNESS: For certain not
10 from commercial.

11 BY MR. KIEFFER:

12 Q. You said from certain?

13 A. So the package insert travels
14 with the product.

15 Q. Sure.

16 A. So if it's chan -- it's on the
17 product. So our customers are primarily retail
18 pharmacy and wholesale. The product insert
19 travels with the product, so it's with the
20 product, so there's nothing to call out
21 proactively.

22 When we set -- when we send setup
23 documents to a customer for a product, we
24 include a -- usually a PDF of the label with

1 those documents.

2 Q. When you do a setup on a product?

3 A. Yes.

4 Q. And that would include not just a
5 new product but an existing product that had had
6 a label change, for example, to the NDC number?

7 A. Yes.

8 Q. And in those instances, you
9 would -- you'd send out some communication to
10 the customer, right?

11 A. Yes.

12 Q. Is that usually like an e-mail,
13 or how does that come?

14 A. It's setup documents are usually
15 provided by e-mail.

16 Q. And the setup document would
17 reflect the new NDC number?

18 A. Yes.

19 Q. Would it show the old one as well
20 for comparison purposes?

21 A. Not on the setup document.

22 Q. Would there be some memo or
23 information saying NDC Number 1345 is now
24 changed to 2345 attached to your setup

1 documents?

2 MS. HILLYER: Objection,
3 objection to form.

4 THE WITNESS: They're separate
5 communications. There would be a
6 communication that there's going to be
7 an NDC change, and then there would be a
8 set up document, which is a standard
9 form. It's used across the industry,
10 and then each customer has additional
11 requirements. Some customers ask for a
12 PDF of the label, some customers ask for
13 us to fill out, you know, a specific
14 form for their consumption, et cetera,
15 et cetera.

16 BY MR. KIEFFER:

17 Q. Okay. And the label that may go
18 as a PDF, the label for the product with the new
19 NDC number would show the new NDC number on it,
20 right?

21 A. Correct.

22 Q. Okay. One that would actually be
23 on -- let's say, it's a bottle, it would
24 ultimately be on the bottle, right?

1 A. Yes. We don't -- in general, we
2 don't provide the label on the bottle. I think
3 there are some customers that do ask for that as
4 part of their setup. I don't know which ones.

5 Q. And you can provide it when
6 asked?

7 A. Of course.

8 Q. And that's the label that travels
9 with the bottle?

10 A. Correct.

11 Q. Okay. And then insofar as any
12 changes, for example, to indications, to
13 warnings, whether those changes would appear on
14 the bottle or in a package insert, on the
15 commercial side, you don't specifically call
16 those out; is that right?

17 A. No.

18 Q. Now, commercial side, does that
19 include, for example, the regulatory area within
20 Teva, or do you know what they do?

21 A. I don't know what regulatory
22 does, and, no, that is not part of the
23 commercial organization.

24 Q. Okay. So, presumably, by virtue

1 of this communication that goes out when there
2 is an NDC number change, if someone within Teva
3 decided that they wanted to or that it was a
4 good idea to specifically flag customers to the
5 fact that there had been a change in product
6 indications, warnings, things that might go into
7 a package insert, there's at least a mechanism
8 through which that could be communicated?

9 MS. HILLYER: Objection to form.

10 THE WITNESS: I don't know what
11 we do. I'm sure we do whatever is
12 required by the guidelines.

13 BY MR. KIEFFER:

14 Q. And you could -- for example, if
15 someone within Teva wanted to communicate
16 labeling changes that had to do with things
17 other than an NDC number, for example,
18 indications or warnings or package insert
19 changes, they could communicate that information
20 in the same manner that you communicate labeling
21 changes that pertain to NDC numbers, right?

22 MS. HILLYER: Objection to form
23 and calls for speculation.

24 BY MR. KIEFFER:

1 Q. Nothing that would prevent that,
2 in other words?

3 A. No, we --

4 MS. HILLYER: Same objection.

5 THE WITNESS: We could
6 communicate in a different way; however,
7 the package insert travels with the
8 product and is a form of communication.

9 BY MR. KIEFFER:

10 Q. No, and I understand that, and
11 I'm not disputing that with you.

12 But the label with the new NDC
13 number, that also travels with the product,
14 right?

15 A. It does, but they can't get the
16 bottle unless they know what it is before they
17 order.

18 Q. For the first purchase of the --

19 A. Yes.

20 Q. -- new NDC number, right?

21 A. Correct.

22 Q. Okay. All right. You -- your
23 compensation comes from Teva USA, right?

24 A. Correct.

1 Q. A portion of that compensation is
2 salary, I assume?

3 A. Yes.

4 Q. Okay. Some portion of your
5 compensation is what's referred to often as
6 incentive compensation?

7 A. Yes.

8 Q. What's the nature of the
9 incentive compensation that you receive? I
10 don't necessarily need it in dollars, but based
11 on company performance?

12 A. I receive a bonus. Usually
13 there's four or five factors that cumulate into
14 my bonus calculation. Company performance is
15 one, individual performance is another one, and
16 then I usually have some very specific goals
17 that are somehow monitored.

18 Q. Okay. And company performance
19 would be measured in terms of things like sales,
20 revenue, profitability, growth, those sorts of
21 things?

22 MS. HILLYER: Objection to form.

23 THE WITNESS: It varies year over
24 year. Currently, it's earnings per

1 share and cash flow. Prior to that,
2 we've had goals that range from number
3 of generic launches, you know, percent
4 attainment of forecast, forecast
5 accuracy from a supply planning
6 perspective, you know, various different
7 things.

8 BY MR. KIEFFER:

9 Q. Okay. Currently, it is cash flow
10 and earnings per share?

11 A. Currently it is cash flow and
12 earnings per share.

13 Q. Okay. And sales and revenue and
14 things like that have in the past been a
15 component of incentive compensation?

16 A. Yes.

17 Q. Okay. And your compensation, the
18 portion of it that is incentive based is in the
19 neighborhood of 30 to 35%?

20 A. It depends on the time frame. I
21 think it was maybe 15% when I joined Teva. I
22 don't really remember. It was 20% for a
23 significant amount of years, then I think 35,
24 and now it's 50.

1 Q. Okay. And does the -- and so the
2 portion of your compensation that --

3 A. It's not my portion of my
4 compensation. My bonus percentage is those
5 numbers that I provided.

6 Q. Okay, thanks. I got sloppy with
7 my question. I want to make sure I'm following
8 you, and, again, I'm not going to get into
9 dollars unless we have to to understand it.

10 The incentive compensation we've
11 been referring to --

12 A. Yes.

13 Q. -- that's no portion of your
14 base, right? Your base is a salary?

15 A. Correct.

16 Q. As contrasted from what one might
17 think of as really traditionally salespeople who
18 get a big chunk of their revenue by commission,
19 right?

20 A. Yeah, I am not in any way
21 commission based.

22 Q. Right, understood.

23 So you've got a base salary?

24 A. Yes.

1 Q. And then you've got incentive
2 compensation on top of that, which would
3 typically take the form of a bonus?

4 A. A bonus, correct.

5 Q. And there's a percentage involved
6 in that, right?

7 A. Yes.

8 Q. And that percentage is --
9 whatever the percentage turns out to be, is it
10 applied to your base?

11 A. It is applied to my base salary.

12 MS. HILLYER: Objection to form.

13 BY MR. KIEFFER:

14 Q. So, for example, purely using a
15 hypothetical number, if your base salary is
16 \$100,000 and your incentive compensation is 20%,
17 and both you and the company hit all the targets
18 established for a particular year, you would get
19 a \$20,000 bonus?

20 A. I would get at least a \$20,000
21 bonus.

22 Q. Okay. Maybe more?

23 A. If we overachieve or if I
24 individually overachieve, it's possible that I

1 could get more.

2 The bonus calculation and formula
3 has changed over the years too, of course, but,
4 in general, it has been possible to earn more
5 than your sort of -- that example, that straight
6 bonus calculation, it has been possible to earn
7 more than that.

8 Q. I understand.

9 So without necessarily going back
10 over all the percentages, what you described for
11 us a moment ago is that in your time at Teva,
12 the bonus percentage that is applied to you has
13 increased over time.

14 A. It has increased over time.
15 Bonus percentages at Teva I think for the whole
16 time I've been there have been directed by --
17 each title corresponds to a level which
18 corresponds to a set percentage. I don't
19 think -- my understanding is that there's not
20 variation across people. It's clearly by level.
21 If you're a level 12, you get X. If you're a
22 level 20, you get X.

23 Q. And that's the exactly where I
24 was going to go.

1 As you have progressed to more
2 and more senior levels within the organization,
3 the amount of incentive compensation that you
4 are relative to -- that you are eligible to
5 receive in percentage terms has gone up?

6 A. Correct.

7 Q. Maybe -- it sounds like maybe
8 it's more than doubled. It was initially 15 to
9 20% and now it's 50%?

10 A. Yes.

11 Q. Okay. And that same situation
12 would be true of others in senior management at
13 Teva as well, generally speaking?

14 A. That's my understanding.

15 Q. Okay. Do you consider yourself
16 to be senior management?

17 A. I consider myself to be senior
18 management in the US.

19 Q. All right. Let's pull up
20 document 02009.

21 (Document marked for
22 identification as Teva-Baeder
23 Deposition Exhibit No. 2.)

24 BY MR. KIEFFER:

1 Q. Ma'am, document 02009 we have
2 just marked as Exhibit Number 2 to your
3 deposition. This is a performance evaluation
4 actually from 2013. I don't want to spend a lot
5 of time going through year after year, but there
6 were a few things I wanted to ask you about in
7 this particular one, okay?

8 A. Okay.

9 Q. If you turn to the -- the first
10 page in terms of the way it was provided to us
11 has a Bates number at the bottom
12 TEVA_MDL_A_13618546. So if you turn to the
13 second page of that document, at the very bottom
14 there's a box that says "Employee Comments."

15 Do you see that?

16 A. Yeah, at the bottom.

17 Q. Yeah. And the last -- these are
18 your comments, right?

19 A. Mm-hmm.

20 Q. Is that "yes"?

21 A. Yes.

22 Q. The last sentence in that box
23 says, "All new product launches have been
24 executed flawlessly in terms of my area of

1 responsibility - both brand and generic."

2 Do you see that?

3 A. I do.

4 Q. My specific question is what --
5 at least at the time, what did your area of
6 responsibility involve in terms of brand new
7 product launches?

8 A. So, again, my customer service
9 team is involved in the order processing of all
10 Teva orders, whether brand or generic, so I
11 don't remember if we launched a product in 2013,
12 but if we did, then they would have had to
13 ensure that the orders came in in a timely way
14 or were released to the distribution center in a
15 timely way and then would have provided tracking
16 and customer communication or communication to
17 sales for sales to provide to customers on, you
18 know, all of your orders have been delivered,
19 you ordered 1,200 pieces, and we have now
20 delivered 1,200 pieces of this product.

21 Q. Okay. If a customer had a
22 question about a particular new product launch
23 on the branded side, would they potentially
24 direct that question to a member of your

1 customer service team?

2 A. If it was a logistical question.

3 Q. Okay, logistical.

4 A. So I placed order 12345, do you
5 see that in your system, when is it shipping,
6 can I have the tracking, can you reprint an
7 invoice, that logistical piece.

8 Q. Okay. And on the generic side,
9 let's assume there's a product on the brand side
10 that's coming off patent and Teva is going to
11 launch a generic product and it's the
12 first-to-file on that, you know what I'm
13 referring to?

14 A. Yes.

15 Q. What sorts of information would
16 folks on your customer service team potentially
17 provide to customers in that situation?

18 MS. HILLYER: Objection to form.

19 THE WITNESS: Customer service
20 team would provide the same types of
21 information, purchase order process, how
22 to order the product, you know, tracking
23 information, supply availability
24 information, et cetera.

1 BY MR. KIEFFER:

2 Q. Okay. Okay. Turn a couple pages
3 forward in that Exhibit Number 2, if you would.
4 The page number in the lower right-hand corner
5 is 13618549. Let me know when you're there.

6 A. Yes.

7 Q. In the upper -- at the very top,
8 there's a box that says "Goal Description."

9 A. Mm-hmm.

10 Q. And the second line in that box
11 says, "Support Forecasting Improvement pilot and
12 implement recommendations and KPIs - both brand
13 and generic."

14 Do you see that?

15 A. I do.

16 MS. HILLYER: Just to be clear,
17 John, that's your underlining?

18 MR. KIEFFER: It is, yeah.

19 MS. HILLYER: Okay.

20 MR. KIEFFER: Thank you.

21 BY MR. KIEFFER:

22 Q. What's a KPI?

23 A. A key performance indicator.

24 Q. Okay. And, specifically, what is

1 it that you or your group are doing in terms of
2 brand forecasting there?

3 A. So my group in 2013 and '14
4 helped the brand team understand the supply
5 channel. So, for example, when you launch a
6 product, brand or generic, you have to ship a
7 certain amount of product into the supply
8 channel that isn't necessarily immediately
9 dispensed. It's sort of the safety stock in the
10 channel, if you will. So we did a lot of work
11 specifically in support of the Copaxone
12 40-milligram on what that amount of product
13 should be.

14 Q. Okay. Amount of product, whether
15 you want to call it inventory on hand, that sort
16 of thing?

17 MS. HILLYER: Objection to form.

18 THE WITNESS: Yeah, so it would
19 be understanding what the inventory --
20 the appropriate inventory on hand for
21 Teva is provided the variation within
22 the forecast models of a product.

23 BY MR. KIEFFER:

24 Q. Okay.

1 A. As well as a recommendation or
2 some thoughts around the appropriate product to
3 have in the customer channel to support the
4 launch of product.

5 Q. In terms of forecasting that your
6 group, the customer service group might do to
7 support the branded side of the organization,
8 does your group do all of that forecasting, to
9 the extent the brand side needs it?

10 A. Customer --

11 MS. HILLYER: Objection to form.

12 THE WITNESS: Yeah, so customer
13 service would not do this. Michelle
14 might do this. It is possible that the
15 leader might do this. Most customer
16 service agents are -- they have more
17 administrative, repetitive jobs. This
18 is much more managerial and strategic.
19 So, likely, in today's day and age, I
20 don't remember who did it in 2013, but
21 today it would be a Michelle or a
22 Napoleon or perhaps a Jen King that
23 would be involved in this.

24 BY MR. KIEFFER:

1 Q. Thanks. And I actually included
2 too many details in my question.

3 A. Okay.

4 Q. Let me take the customer service
5 piece out of it --

6 A. Okay.

7 Q. -- and ask it a little bit
8 better.

9 To the extent that anyone on the
10 brand side of the organization needed
11 forecasting in terms of potential customer
12 needs, call them inventory needs or whatever the
13 right term is in connection with a branded
14 product, would it be folks in your portion of
15 the organization that would provide that
16 forecasting support to the branded side?

17 MS. HILLYER: Objection to the
18 extent it calls for speculation as to
19 what happens on the other side.

20 THE WITNESS: Yeah, so the brand
21 team does their own forecast. We did,
22 of course, provide education and our
23 experience, and then they would use it,
24 ignore it.

1 BY MR. KIEFFER:

2 Q. And when you say you would
3 provide education and our experience, what does
4 that mean specifically?

5 A. So we would -- would provide
6 examples on the generic side of -- you know, if
7 we launch a generic product, we would assume
8 that they will order six weeks of customer
9 demand day one and that, ultimately, wholesale
10 will decide to hold, you know -- it would depend
11 on the product -- but 40 days of product on hand
12 in support of ensuring that they have product
13 available.

14 Q. Okay.

15 A. Some of that is very relevant.
16 Some of that is not relevant. The demand -- you
17 know, wholesale and pharmacy, retail pharmacy
18 warehouse demand is different on a brand and a
19 generic launch. They function very differently.
20 So some of it is relevant and some of it is not,
21 and, ultimately, especially in 2013, the brand
22 organization held the decision-making for those
23 products because they were in their P&L, so it
24 was their decision, but we would, of course, act

1 as a consultant and provide our history and
2 experience to the extent that they found it
3 useful.

4 Q. Okay. You're familiar with a
5 couple of products that went by the name Actiq
6 and Fentora?

7 A. I am.

8 Q. Were both of those products sold
9 during your time with the organization?

10 A. Yes.

11 Q. Okay. Those were branded opioid
12 products?

13 A. Yes.

14 Q. Did anyone -- at any point in
15 time since you came to work for Teva, did anyone
16 within your area of responsibility provide any
17 sort of data, analytics or support of any kind
18 regarding Actiq or Fentora?

19 MS. HILLYER: Objection to form.

20 THE WITNESS: Post Cephalon
21 integration, I have a dedicated --
22 small, two to three people depending on
23 the year, team in the inventory
24 management function, which sits under

1 Michelle but is not part of customer
2 service, it's sort of another piece of
3 her job, that would support analytics on
4 how much product we had for brand
5 products and how much product was in the
6 channel.

7 BY MR. KIEFFER:

8 Q. How much product you had
9 in-house?

10 A. In-house.

11 Q. Okay. And that would include
12 Actiq and Fentora?

13 A. It would.

14 Q. Okay. And then you said and how
15 much product in the channel?

16 A. How much product is -- on the
17 brand side of the organization, which is
18 different than the generics, product is sold
19 almost exclusively to wholesale and distributor,
20 and they have to provide their data back to us
21 on how much product they have in hand for
22 brands.

23 Q. Okay. So wholesaler and
24 distributor, just as a place holder name, can we

1 say people like AmerisourceBergen and Cardinal?

2 A. Yes, they're wholesalers.

3 Q. I don't mean that's an exclusive
4 list?

5 A. No.

6 Q. Those are just two examples?

7 A. Exactly.

8 Q. So what you're describing is
9 after -- so Cephalon is a company that Teva
10 acquired, right?

11 A. Correct.

12 Q. Approximately when was that?

13 A. 2013.

14 Q. Okay. So post that integration,
15 you had a dedicated team, you said, of maybe
16 approximately three people?

17 A. Two to three people.

18 Q. Two to three people, and they
19 would provide information and support to the
20 brand side about brand products?

21 MS. HILLYER: Objection to form.

22 THE WITNESS: About inventory of
23 brand products and sort of these
24 logistical questions, did we ship, who

1 did we ship, how much did we ship?

2 BY MR. KIEFFER:

3 Q. Okay. Inventory related
4 questions including products like Actiq and
5 Fentora, right?

6 A. Correct.

7 Q. How much of those products Teva
8 had on hand as one kind of bucket of
9 information, right?

10 A. Yes.

11 Q. How much product, for example,
12 wholesalers might have on hand?

13 A. Correct.

14 Q. Their ordering patterns, I mean,
15 how much they ordered, how often they ordered,
16 what size and strength they ordered, those sorts
17 of things?

18 MS. HILLYER: Objection to form.

19 THE WITNESS: They had access to
20 all of that data.

21 BY MR. KIEFFER:

22 Q. Your people did?

23 A. Yes.

24 Q. Okay. How about any sort of

1 trending or comparisons, however they might be
2 done, week-to-week, month-to-month,
3 quarter-to-quarter, anything like that?

4 MS. HILLYER: Objection to form.

5 THE WITNESS: The data was
6 available. To my knowledge, they didn't
7 do trending. That sort of isn't their
8 role. I can't say that they never did
9 it, but that wasn't their core job
10 responsibility.

11 BY MR. KIEFFER:

12 Q. Okay, fair enough.

13 Your answer is saving us some
14 questions, believe it or not. It was more
15 complete than my question. So I didn't really
16 mean to ask did they do it, but the information
17 was available to do it if somebody had wanted to
18 do it?

19 A. Yes.

20 Q. All right. And this -- the
21 information we're talking about for the moment
22 would be inventory on hand at certain customers,
23 for example, wholesalers of Actiq and Fentora as
24 well as customer purchase histories, things like

1 that, right?

2 MS. HILLYER: Objection to form.

3 THE WITNESS: Yes.

4 BY MR. KIEFFER:

5 Q. And that information, I take it,
6 was more or less readily available or available
7 on demand if folks on the brand side wanted it?

8 MS. HILLYER: Objection to form
9 and calls for speculation.

10 THE WITNESS: Yeah, I don't know
11 readily available. I mean, this was
12 their job, so, obviously, it was a
13 little harder than pushing a button, but
14 they could certainly get to that
15 information.

16 BY MR. KIEFFER:

17 Q. Okay. And if somebody on the
18 branded side or elsewhere in the organization
19 wanted to track, for example, those products,
20 Actiq and Fentora and look at ordering patterns
21 as among Teva's customers, that information was
22 at least readily available to do that sort of
23 analysis?

24 MS. HILLYER: Objection to form

1 and to the extent it calls for
2 speculation.

3 THE WITNESS: If they ask for the
4 information, it could be made available.
5 I don't know readily.

6 BY MR. KIEFFER:

7 Q. Sure. And just to bring us full
8 circle, that information that we're talking
9 about is information that would have come from
10 your team, essentially on the generic side of
11 the business?

12 A. It could have come from multiple
13 places in the organization. My team did have
14 access to it as well.

15 Q. Fair enough. Okay. Still on the
16 same exhibit, a little bit further down there's
17 a box that says "Employee Comments," and
18 immediately beneath that the first sentence says
19 "completed spring brand forecast project."

20 Do you see that?

21 A. No, but -- I got it.

22 Q. We're also blowing it up on the
23 screen, if that helps.

24 A. Okay, I've got it.

1 Q. "Completed spring brand forecast
2 project."

3 What was that project?

4 A. So spring -- spring was a
5 strategic initiative when Jeremy Levin was
6 appointed to be the CEO of global Teva. He
7 identified somewhere north of 20 key areas for
8 development, and he -- he engaged leaders from
9 across all functions in Teva and put them on
10 working teams to try to make improvements in our
11 overall process. It doesn't mean that you had
12 any experience in that area. It was sort of by
13 design to bring people -- people's thought
14 processes to bear that responsibilities were not
15 their core function so that, you know, fresh set
16 of eyes type of mentality.

17 Q. Okay.

18 A. And I was on a -- I was on, I
19 think, three spring teams and one included
20 forecasting.

21 Q. Okay. And I'm just pretty
22 literal sometimes, maybe too literal, but just
23 to be clear, the reference to spring means
24 spring of the year; is that right?

1 A. I don't know what it meant. It
2 was like fresh spring for Teva.

3 Q. Okay. So it was sort of a --

4 A. Some consultant came up with that
5 name, I'm sure.

6 Q. Okay. I'm about to use word
7 gimmick, I didn't want to use that, but I was
8 reading it to mean there was a brand forecast
9 project conducted in the spring of the year
10 maybe regularly; that's not correct?

11 A. No.

12 Q. All right. I'm with you.

13 Did it include forecasting for
14 all of Teva's branded products at that time?

15 A. I really don't remember exactly
16 what we did. What I do remember is that it
17 focused on the fact that the supply chain -- the
18 real focus was to optimize supply chain
19 performance, and your supply chain internally
20 always functions better the closer that your
21 sales match your projection, because that gives
22 the supply chain a chance to use techniques that
23 create efficiencies such as campaigning product.

24 Q. Okay, understood, thank you.

1 Moving on down, there is another
2 box toward the bottom of the page that says
3 "Goal Description."

4 You see what I'm referring to
5 there?

6 A. Mm-hmm.

7 Q. The second line says "Successful
8 launch of Top 5 generic launches in 2013."

9 Do you see that?

10 A. I do.

11 Q. And then beneath that -- well,
12 strike that.

13 Do you recall what the top five
14 generic launches were in 2013?

15 A. No.

16 Q. All right. Beneath that it says,
17 "Provide launch support to all key brand launch
18 teams - Copaxone 3tw, Hydrocodone ER."

19 Do you see that?

20 A. I do.

21 Q. On Copaxone, remind us, what type
22 of a product is that?

23 A. It's for multiple sclerosis, and
24 it's -- it has historically been Teva's flagship

1 brand.

2 Q. Okay. What's 3tw stand for?

3 A. Three times a week. We never
4 launched it. It was an investigation into
5 whether we should.

6 Q. And then there's a reference
7 there to Hydrocodone ER?

8 A. Correct.

9 Q. That's an opioid medication,
10 right?

11 A. It is.

12 Q. This is an extended-release
13 version?

14 A. Yes.

15 Q. Is that -- in the way it's used
16 there, is that referring to a generic product or
17 a branded product?

18 A. A branded product that didn't yet
19 have a name.

20 Q. What was its name ultimately?

21 A. I think it was Vantrela.

22 Q. Was Vantrela launched?

23 A. No.

24 Q. Vantrela was -- the concept was

1 an abuse deterrent opioid; is that right?

2 A. That's my recollection.

3 Q. Okay. And do you know the
4 reasons why it didn't launch?

5 A. I don't. I was -- I do remember
6 coming to a workshop that was one day, maybe a
7 day and a half. Other than that, I don't
8 remember. I remember lots and lots of meetings
9 on Copaxone three times a week.

10 Q. What's your best recollection of
11 the nature of the launch support that you or
12 your group would have provided with respect to
13 Vantrela?

14 MS. HILLYER: Objection to form.

15 THE WITNESS: I think it was me
16 and solely me. There could have been
17 other people transiently involved, but
18 at the workshop, it was solely me from
19 on the generic side, and it was a
20 conversation about multiple things.

21 It was a conversation, I remember
22 they brought in a patient and a
23 physician who was very effective in
24 making the case that some pain patients

1 are feeling extraordinarily victimized
2 in trying to get treatment because of
3 some of the stigmas associated in the
4 press. There was a discussion of the
5 marketing model for Hydrocodone ER,
6 which I'm guessing is why I was
7 included, to see if there was a way that
8 we could use a generic like, although
9 not the same as generic selling
10 technique, where you could perhaps
11 partner with an insurance company or a
12 PBM, generics do not do that. We
13 partner with retail pharmacy.

14 But the similarity was that we
15 partner with pharmacy, and then there's
16 a substitution oftentimes to the generic
17 product. So the concept here was
18 perhaps there was a way to partner with
19 a PBM or an insurance company and
20 because it would be abuse deterrent,
21 that they would, you know, encourage the
22 transition in a more automatic way.

23 Q. Okay. Let me ask you a couple
24 follow-up questions about the term abuse

1 deterrent opioid, there are certain properties
2 of an abuse deterrent opioid like Vantrela that
3 are intended to deter abuse, right?

4 A. Correct.

5 Q. Without getting into, you know,
6 chemical nuances and molecular structure, what's
7 your understanding of what the abuse deterrent
8 characteristics of Vantrela were?

9 A. I don't remember.

10 MS. HILLYER: Objection to form
11 and to the extent it calls for
12 speculation.

13 THE WITNESS: I don't remember.

14 BY MR. KIEFFER:

15 Q. It's safe to say, at least by
16 virtue of this project, that by 2013, there was
17 at least some recognition that opioid
18 medications were subject to abuse, and there
19 might indeed be a market for an abuse deterrent
20 opioid product?

21 MS. HILLYER: Objection to form.

22 THE WITNESS: Yeah, I think that
23 Teva has, you know, put resources to
24 potential development of abuse deterrent

1 drugs on both the brand and the generic
2 side.

3 BY MR. KIEFFER:

4 Q. And they were at least putting
5 those resources forward back in 2013?

6 A. Yes, to some extent.

7 Q. You used the phrase a moment ago
8 generic like selling technique.

9 Do you recall that?

10 A. I do.

11 Q. And then you gave an explanation
12 about a situation where Teva might partner, for
13 example, with a pharmacy and when a branded
14 product -- when a prescription for a branded
15 product was written, then some substitution
16 would take place at the pharmacy with a generic
17 product, right?

18 A. Correct.

19 Q. Let me put Vantrela to the side
20 for a moment, and let me just ask you about that
21 what you termed a generic like selling
22 technique. That is a technique that Teva has
23 used in some circumstances to help sell product
24 on the generic side?

1 MS. HILLYER: Objection to form.

2 THE WITNESS: The way the generic
3 industry works is generic manufacturers
4 partner with or sell to retail pharmacy
5 GPOs and wholesalers and provide
6 availability of an AB rated, generally
7 AB rated substitutable FDA approved
8 drug.

9 BY MR. KIEFFER:

10 Q. Okay. Are you done?

11 A. I'm good.

12 Q. Okay. Fair enough. No, I
13 understand that.

14 I'm honing in for the moment on
15 what you described as a generic like selling
16 technique.

17 When Teva, in your example, would
18 partner with a pharmacy to substitute a generic
19 drug for a branded drug that may have actually
20 been the one on the prescription, right?

21 A. Yes.

22 MS. HILLYER: Objection to form.

23 BY MR. KIEFFER:

24 Q. The kind of partnership you're

1 describing would involve the pharmacy
2 substituting Teva's generic for the branded that
3 was the subject of the prescription versus some
4 other company's generic, right?

5 MS. HILLYER: Objection to form
6 and mischaracterizes the testimony.

7 THE WITNESS: Okay. Can you do
8 the end of that question again?

9 BY MR. KIEFFER:

10 Q. Yeah, let me try to ask it again.

11 The kind of partnership that you
12 were describing would involve the pharmacy
13 substituting Teva's generic product for the
14 branded one that had been the subject of the
15 prescription versus the pharmacy substituting
16 some other company's generic product for the
17 branded product, right?

18 MS. HILLYER: Same objections.

19 THE WITNESS: So I don't know
20 what happens at the pharmacy counter.
21 What I do know is that when we make a
22 generic product available for sale, we
23 provide pricing to usually a corporate
24 pharmacy entity or one of these large

1 retail GPOs, and then they decide which
2 generic product they will stock, if
3 there are multiple. It is rare for them
4 to stock more than one.

5 BY MR. KIEFFER:

6 Q. Yeah, fair enough.

7 There are documents -- when you
8 say you provide pricing to pharmacies and then
9 they will decide what generic to stock, you said
10 that, right?

11 A. Yes, but not individual
12 pharmacies, not Walgreens on the corner, but
13 WBAD.

14 Q. Understood. When you -- when
15 Teva does that, it recognizes that the price it
16 offers to a buying group like WBAD for its
17 products is maybe not the exclusive one, but
18 it's an important decision criteria for WBAD as
19 to whether WBAD selects Teva's generic products
20 or somebody else's to be its generic substitute,
21 right?

22 MS. HILLYER: Objection to form
23 and to the extent it calls for
24 speculation and assumes facts not in

1 evidence.

2 THE WITNESS: So, again, I
3 don't -- I don't make those decisions.
4 I've never had that job, but price is an
5 important element of decision-making,
6 certainly not the only one. I do have
7 experience where we've had lower price
8 and we don't get the business, so
9 there's multiple factors that they
10 digest.

11 BY MR. KIEFFER:

12 Q. Let me ask -- sorry to interrupt.
13 Let me ask you a more basic question.

14 When we took Mr. Boyer's
15 deposition last week, I was asking him some
16 similar questions, and somewhere in the exchange
17 he said that, at least in his mind, the two most
18 important sort of marketing aspects to the
19 generic business were price and consistency of
20 supply, not to say there's not others, but he
21 repeatedly made that point. Now, his testimony
22 will speak for itself. I'm just asking you to
23 assume for the moment he said that.

24 Do you agree with that?

1 MS. HILLYER: Objection to form
2 and assumes facts not in evidence.

3 THE WITNESS: In a very general
4 sense, I think that's true. There are
5 drugs where that's not the case, but the
6 80/20 rule probably would apply.

7 BY MR. KIEFFER:

8 Q. Okay. Price is a big component,
9 true?

10 MS. HILLYER: Objection.

11 THE WITNESS: Yes.

12 BY MR. KIEFFER:

13 Q. That's sort of, as you said
14 earlier, maybe economics 101; lower price often
15 means higher volumes?

16 MS. HILLYER: Objection to form.

17 THE WITNESS: It can mean.

18 BY MR. KIEFFER:

19 Q. Or higher volumes brought
20 translate to lower price at which the product
21 sold, right?

22 A. In a general sense, yes.

23 Q. Okay. And Teva, again, in a
24 general sense, with some of its big customers

1 like WBAD offers various incentives to encourage
2 higher volumes of purchases, right?

3 MS. HILLYER: Objection to form.

4 THE WITNESS: Higher volumes of
5 purchases.

6 BY MR. KIEFFER:

7 Q. Rebates, things like that?

8 A. So in the generic industry,
9 rebates are considered part of price. So your
10 pricing is generally informed by the volume of
11 business that is in question, not always, that's
12 changed a bit over time, but in a general sense.

13 Q. Okay. Okay. So before we get
14 too specific, let me stay a little bit general,
15 there is -- obviously, there's a marketing and
16 sales function or arm on the branded side,
17 correct?

18 A. Correct.

19 Q. And there's a marketing and sales
20 function on the generic side, also correct?

21 A. Correct.

22 Q. Okay. Those two sides of the
23 organization may have different marketing and
24 sales tools in their respective tool kits; is

1 that also true?

2 A. Yes, it's a completely different
3 business model.

4 Q. Different business model insofar
5 as marketing and sales?

6 A. Yes.

7 Q. Okay. I want to focus on the
8 tools in the marketing -- I want to focus on the
9 tools in the sales and marketing tool kit on the
10 generic side for a moment, okay?

11 A. Okay.

12 Q. One of those tools is price,
13 correct?

14 A. Correct.

15 Q. Price can be simple or it can be
16 complicated, right?

17 A. More often than not complicated.

18 Q. Yeah, sophisticated formulas,
19 pricing models, rebates, right?

20 MS. HILLYER: Objection to form.

21 THE WITNESS: Pricing is
22 complicated.

23 BY MR. KIEFFER:

24 Q. Okay. But one of the reasons

1 pricing is complicated is, on the generic side,
2 you have limited marketing and sales tools in
3 the tool kit to work for -- to work with, and so
4 to the extent pricing is one, you want to do as
5 much with that tool as you can?

6 MS. HILLYER: Objection.

7 BY MR. KIEFFER:

8 Q. Be as creative and flexible as
9 possible?

10 MS. HILLYER: Objection to form.

11 THE WITNESS: I've honestly never
12 thought about why our pricing is so
13 complicated. It's just been complicated
14 my entire career, but pricing is an
15 important element.

16 BY MR. KIEFFER:

17 Q. Of marketing and sales on the
18 generic side?

19 A. Correct.

20 Q. Okay. Let me focus on supply for
21 a second, okay.

22 Fair to say that for the very
23 large customers -- I'm going to focus -- strike
24 that.

1 Let's focus for the moment on the
2 very large customers, the three retail buying
3 groups we talked about, okay?

4 A. Correct.

5 Q. Is it fair to say that
6 consistency of supply is a very important factor
7 to at least those three customers?

8 MS. HILLYER: Objection to form
9 and calls for speculation.

10 THE WITNESS: Those customers do
11 not like backorders, so I can say that.

12 BY MR. KIEFFER:

13 Q. They don't like backorders, they
14 don't like things that would interrupt their
15 expected supply of Teva's products?

16 MS. HILLYER: Same objection.

17 THE WITNESS: Agree.

18 BY MR. KIEFFER:

19 Q. Okay. And another marketing and
20 sales tool in the Teva tool kit on the generic
21 side is Teva's ability to be consistent and
22 perform well in terms of supplying its
23 customers, true?

24 MS. HILLYER: Objection to form.

1 THE WITNESS: It is a tool if we
2 are providing product at a consistent,
3 predictable pattern.

4 BY MR. KIEFFER:

5 Q. Okay.

6 A. Teva has not always done that.
7 Teva has had notoriously poor supply in certain
8 years, but it is a tool when it is -- that is
9 the case.

10 Q. Okay. Notoriously poor supply in
11 certain years you said?

12 A. Mm-hmm.

13 Q. Notoriously poor supply of what
14 products in what certain years?

15 A. Host of products. So industry
16 standard on time and full, which is a metric to
17 measure your supply consistency, which is
18 essentially a variation, there's multiple ways
19 you can calculate it, but it's the number of
20 units ordered versus the number of units that
21 are ultimately shipped, usually with some
22 adjustment around whether the order was valid or
23 not, because there can be order errors, there
24 can be orders that we can't ship, maybe it

1 wasn't on contract, so you don't get to order
2 it, et cetera, et cetera.

3 Industry standard would be 95%.
4 You could argue 97, 95, something. We've had
5 years where our service level is 60%. To get to
6 a service level of 60%, you have to be missing
7 on at least 50% of your products.

8 Q. On the whole, let's say over the
9 last five years, is it your opinion and belief
10 that on the generic side, Teva has performed
11 well in terms of delivering its customers'
12 supply expectations?

13 MS. HILLYER: Objection to form
14 and calls for opinion.

15 THE WITNESS: We have performed
16 at less than the 95% that is the
17 customer standard.

18 BY MR. KIEFFER:

19 Q. Okay. Teva has marketed to its
20 customers at different points in time that it
21 does bring to the table as a strength
22 consistency of product supply?

23 MS. HILLYER: Objection to form.

24 THE WITNESS: During certain

1 points of time, Teva has been able to
2 say that that's a strength.

3 BY MR. KIEFFER:

4 Q. Okay. There are, and, again,
5 we'll probably get into some documents on this
6 later, there are -- there's a term that's used
7 sometimes called failure to supply or FTS,
8 right?

9 A. Correct.

10 Q. Are those some form of monetary
11 penalty that Teva may incur if it is unable to
12 meet agreed to supply parameters with certain of
13 its customers?

14 A. Yes.

15 Q. Okay. Teva has agreements in
16 place with a number of customers and certainly a
17 number of the big ones to supply certain
18 products in certain amounts on certain
19 schedules?

20 MS. HILLYER: Objection to form.

21 THE WITNESS: Teva has agreements
22 that include failure to supply terms.
23 They're different by customer. They
24 have different construction.

1 BY MR. KIEFFER:

2 Q. Okay. But the big concept is if
3 Teva doesn't meet whatever commitment it made to
4 a particular customer in terms of its ability to
5 supply a particular product or quantities on
6 particular intervals, it may incur some monetary
7 penalty, whether that's a rebate or some other
8 form of compensation to the customer?

9 MS. HILLYER: Objection to form.

10 THE WITNESS: Yeah, there's all
11 kinds of construction, but, yes, there
12 is a penalty piece.

13 BY MR. KIEFFER:

14 Q. Okay. So we talked about the
15 fact that there's differences in the branded
16 side sales and marketing operation and the
17 generic side sales and marketing operation,
18 right?

19 A. Yes.

20 Q. And we talked about the fact that
21 pricing and ability to supply are a couple of
22 tools in the marketing and sales tool kit on the
23 generic side, right?

24 A. Yes.

1 Q. Okay. What other tools in the
2 marketing and sales or promotional tool kit on
3 the generic side does Teva have available?

4 MS. HILLYER: Objection to form.

5 THE WITNESS: So we don't have a
6 lot of promotional tools. We provide
7 availability information, we provide a
8 price, and we try to negotiate a
9 construct of a framework with a customer
10 that makes us relatively easy to do
11 business with. But that's really all we
12 have from a promotional perspective.

13 BY MR. KIEFFER:

14 Q. Okay. On the third thing that
15 you mentioned, you said we try to have a
16 construct of a framework with a customer that
17 makes us relatively easy to do business with,
18 right?

19 A. Yes.

20 Q. Boiling it down, one message Teva
21 tries to communicate to its customers is that
22 you try to avoid red tape, wherever possible,
23 right?

24 MS. HILLYER: Objection to form.

1 THE WITNESS: I actually think
2 that most of our customers would say
3 that we have the most red tape of any
4 organization, but what we do say is that
5 we're a professional organization, we
6 may not always be the easiest to do
7 business with, but it's easier to do
8 business with us and buy 800 drugs than
9 it is to deal with 800 suppliers.

10 BY MR. KIEFFER:

11 Q. One stop shopping is the idea,
12 right?

13 A. Yes.

14 Q. Okay. And the 800 drugs, that's
15 a hypothetical, right?

16 A. Hypothetical.

17 Q. Okay. But that's Teva's -- not
18 800, you gave me a closer number earlier, 1,100
19 to 1,200 today?

20 A. About 1,200, yes.

21 Q. 1,500 several years ago?

22 MS. HILLYER: Objection to form.

23 THE WITNESS: I think that's
24 right.

1 BY MR. KIEFFER:

2 Q. That's -- and, again, I realize
3 we're talking approximations here.

4 A. Yes.

5 Q. That's Teva's portfolio?

6 A. Yes.

7 Q. Does Teva have --

8 A. On the generic side.

9 Q. Thank you. That is Teva's --
10 approximately 11 to 1,200 drugs today, 1,500
11 drugs several years ago, that describes Teva's
12 product portfolio on the generic side?

13 A. Correct.

14 Q. Does Teva have the largest
15 generic product portfolio of any generic
16 manufacturer in the country?

17 MS. HILLYER: Objection to form.

18 THE WITNESS: I would think so.

19 I don't know. We do have the largest
20 generic market share.

21 BY MR. KIEFFER:

22 Q. Right. And what is that
23 currently?

24 A. I think it's around 12.

1 Q. 12%?

2 A. It was as high as 16 at one point
3 in time.

4 Q. Okay. But as far as you are
5 aware currently in 2019, Teva does have the
6 largest generic market share of any drug
7 manufacturer in the United States?

8 A. That is my understanding. I
9 don't know if we offer the most number of --
10 it's just not something I've looked at recently.

11 Q. Okay. Let me ask a couple more
12 questions, and we're probably close to a break.

13 MS. HILLYER: Yeah, I'm needing
14 one.

15 MR. KIEFFER: Five minutes or
16 less.

17 MS. HILLYER: Maybe less, maybe
18 two.

19 MR. KIEFFER: I'll do what I can.
20 BY MR. KIEFFER:

21 Q. The -- there are documents that
22 have been produced by Teva in this case and
23 marked as exhibits in other depositions that
24 make reference to Teva taking steps to keep its

1 product primary at a customer location.

2 Are you familiar with that
3 terminology?

4 MS. HILLYER: Objection to form.

5 THE WITNESS: Yes, in a loose
6 sense. It has different meanings with
7 different customers.

8 BY MR. KIEFFER:

9 Q. Early in the deposition, I think
10 you used the term defend our product or defend a
11 price.

12 Do you know what I'm talking
13 about?

14 A. Correct, yeah.

15 Q. Teva will offer certain customers
16 price incentives, for example, to stock only
17 Teva's generic and no one else's, right?

18 MS. HILLYER: Objection to form.

19 THE WITNESS: It doesn't --
20 doesn't work maybe that simply.

21 BY MR. KIEFFER:

22 Q. Okay.

23 A. For example, a wholesaler by
24 definition typically stocks multiple generic

1 products. They have a product that they
2 consider primary. This is in a general sense,
3 again, every customer is different, where they
4 have a lot of volume, and then they have
5 secondary positions in their formulary where
6 their volume would be smaller. And that -- how
7 they construct their programs and why they have
8 primary, the reason they have secondary, at
9 least one reason is in case the primary runs out
10 of stock. They have other financial reasons to
11 have multiple secondaries that I don't -- I wish
12 I did, but I do not understand.

13 BY MR. KIEFFER:

14 Q. If a Teva product is primary in a
15 large customer, that typically will translate
16 into a substantial volume of product sales for
17 Teva, as opposed to a situation where it is not
18 primary, where it's secondary or in some other
19 position, right?

20 MS. HILLYER: Objection to form.

21 THE WITNESS: In a general sense,
22 that's correct. There are certain
23 secondary awards where you get very
24 significant volume. It depends. But in

1 a general sense, that's correct.

2 BY MR. KIEFFER:

3 Q. Okay. Teva from time to time
4 offers incentives that have gone by names like a
5 customer loyalty reward or rebate in exchange
6 for keeping a product in a primary position with
7 a customer, right?

8 MS. HILLYER: Objection to form.

9 THE WITNESS: Certainly,
10 that's -- that's possible. I don't hear
11 that as a per product. Typically,
12 loyalty rebates are on a portfolio of
13 products. I can't say that that was
14 always the case.

15 BY MR. KIEFFER:

16 Q. Okay. We'll -- and I'm trying to
17 speed us along so we can take the break. If we
18 have the time, maybe we'll look at an exhibit
19 later, but an exhibit was marked with a witness
20 last week, it was a customer -- an offer of a
21 customer loyalty rebate to AmerisourceBergen,
22 whereby Teva would pay AmerisourceBergen
23 \$250,000, I think the period of time was from
24 late September to December 31 of the particular

1 year to keep a specific opioid product primary
2 in its formulary.

3 Are you aware of situations like
4 that having happened?

5 A. It's possible.

6 MS. HILLYER: Objection to form.

7 THE WITNESS: It's possible.

8 MS. HILLYER: And assumes facts
9 not in evidence.

10 BY MR. KIEFFER:

11 Q. Okay. It wouldn't surprise you?

12 MS. HILLYER: Objection to form.

13 THE WITNESS: No, it wouldn't
14 surprise me, but it's important to note
15 that we look at those things as a price
16 decline. They're all -- all value
17 that's on a product specific is an
18 element of pricing.

19 BY MR. KIEFFER:

20 Q. Sure.

21 It's a -- the example I just gave
22 is a price decline, but the idea is you're
23 securing a primary position that hopefully
24 will --

1 A. Maintain.

2 Q. -- maintain volume, right? Yes?

3 MS. HILLYER: Objection to form.

4 BY MR. KIEFFER:

5 Q. Sorry, you just nodded.

6 A. Yes, correct.

7 MR. KIEFFER: Let's take a break.

8 THE VIDEOGRAPHER: Going off the
9 record at 11:36 a.m.

10 (Brief recess.)

11 THE VIDEOGRAPHER: Back on the
12 record at 11:50 a.m.

13 BY MR. KIEFFER:

14 Q. Ma'am, we're back on the record
15 after a short break.

16 Are you ready to proceed?

17 A. Yes.

18 Q. All right. Let me turn your
19 attention back to the exhibit we were looking at
20 for a moment. That is Exhibit 2. I'm on the
21 page that ends in 551 in the bottom right-hand
22 corner. There's a box in about the middle of
23 the page that says "Employee Comments," and I'll
24 have our tech blow it up so it's easier to read.

1 Do you see what I'm referring to
2 there?

3 A. Yes.

4 Q. First sentence says, "I often act
5 as the voice of the customer with internal
6 discussions outside of customer service."

7 Did I read that correctly?

8 A. Correct.

9 Q. You may advocate for a customer's
10 interest internally within the organization; is
11 that a different way to say it?

12 MS. HILLYER: Objection to form.

13 THE WITNESS: Yeah, I don't know
14 that I agree with advocate. I educate.
15 I don't always agree with the customer's
16 point of view, but I will -- I will
17 provide insight into what their point of
18 view and then also digest that
19 internally with people that aren't
20 customer facing.

21 BY MR. KIEFFER:

22 Q. Okay. And that term "customer
23 facing," are you -- is your role -- part of your
24 role customer facing?

1 A. I do speak to customers, yes.

2 Q. Okay. I think you said earlier
3 at a high level?

4 A. Yes.

5 Q. So, for example, just for ease of
6 reference, some of the people we -- some of the
7 organizations that we've discussed earlier
8 today, AmerisourceBergen, WBAD, Cardinal, do you
9 interface with representatives of those
10 organizations?

11 A. My interaction with customers at
12 this point in time is primarily focused on
13 senior people in the procurement organizations,
14 which would be the retail GPOs, not the
15 individual customer members.

16 Q. Okay. The three GPOs we talked
17 about earlier?

18 A. Correct.

19 Q. And you would be interfacing with
20 people at a very senior level in those
21 organizations?

22 A. Correct.

23 Q. The next sentence here under
24 "Employee Comment" says, "I presented to a full

1 room of management in Israel on the dynamics of
2 the US market and need for supply and quality."

3 Do you see what I just read?

4 A. Yes.

5 Q. Let me break that down and ask
6 you some questions about it.

7 The reference to Israel, Teva's
8 global headquarters is in Israel; is that
9 correct?

10 MS. HILLYER: Objection to form.

11 THE WITNESS: Teva has a
12 headquarters in Israel, correct.

13 BY MR. KIEFFER:

14 Q. Okay. Is it your understanding
15 that is the -- kind of the global head of the
16 company that goes by the name of Teva?

17 MS. HILLYER: Objection to form.

18 THE WITNESS: The global CEO sits
19 in Israel.

20 BY MR. KIEFFER:

21 Q. And who is the global CEO?

22 A. Kåre Schultz.

23 Q. Can you spell that?

24 A. K-a-r-e, with a little circle on

1 the a, and Schultz is S-c-h-u-l-t-z, I believe.

2 Q. This comment "I presented to a
3 full room of management in Israel on the
4 dynamics of the US market and need for supply
5 and quality," I assume that would have been in
6 2013 since this is a 2013 year-end performance
7 appraisal we're talking about?

8 A. That would be my assumption as
9 well.

10 Q. Okay. Let me focus in on this.
11 What took you to Israel in 2013?

12 A. So my memory of this comment is
13 that I did a presentation at a manufacturing
14 facility, the Jerusalem manufacturing facility,
15 as a motivational and developmental opportunity
16 for the management in that manufacturing
17 facility to understand how the US market works
18 in a very macro sense and why -- from a supply
19 perspective, why consistency of supply is very
20 important and quality in our marketplace.

21 Q. Okay. And the -- your reference
22 to a full room of management, about how many
23 people were in attendance?

24 MS. HILLYER: Objection to form.

1 THE WITNESS: My memory is the
2 table was about this size, and it was a
3 relatively full room, so I don't know,
4 30.

5 BY MR. KIEFFER:

6 Q. Okay. And these would have been
7 management with Teva in Israel?

8 A. They would have been -- they
9 would have been management in the operations in
10 Jerusalem.

11 Q. Okay. At a Jerusalem facility?

12 A. At the Jerusalem manufacturing
13 facility.

14 Q. Okay. And Teva's Jerusalem
15 manufacturing facility, did it in 2013 or has it
16 at any time manufactured Teva products for the
17 US market?

18 MS. HILLYER: Objection to the
19 extent it calls for speculation.

20 THE WITNESS: Jerusalem
21 manufacturing facility did provide
22 products to the -- to Teva USA for sale.

23 BY MR. KIEFFER:

24 Q. During a -- you said did, so that

1 sounds like past tense?

2 A. Jerusalem has been publicly
3 announced is a site that is closing as part of
4 the corporate restructure.

5 Q. You say it is closing?

6 A. It is closing.

7 Q. Has not closed yet?

8 A. No, it has not closed yet.

9 Q. Okay. What other -- let's strike
10 that.

11 For approximately what period of
12 years has the Jerusalem facility provided --
13 manufactured product and provided it to Teva
14 USA?

15 MS. HILLYER: Objection to the
16 extent it calls for speculation.

17 THE WITNESS: I don't know.

18 BY MR. KIEFFER:

19 Q. Let me stop and ask you a better
20 question.

21 A. Yeah.

22 Q. You undoubtedly don't know what
23 happened before you came, right?

24 A. Correct.

1 Q. Since you came to Teva, do you
2 know did the Jerusalem facility manufacture
3 product and supply it to Teva USA during the
4 period that you've been with the company, at
5 least until the announcement of the site
6 closure?

7 MS. HILLYER: Same objections,
8 calls for speculation.

9 THE WITNESS: So there were
10 products manufactured in Jerusalem that
11 were shipped to Teva USA.

12 BY MR. KIEFFER:

13 Q. And for about what period of
14 years?

15 MS. HILLYER: Same objection, to
16 the extent it calls for speculation.

17 THE WITNESS: More than one year,
18 but I don't know.

19 BY MR. KIEFFER:

20 Q. You don't know all the specifics?

21 A. Yeah.

22 Q. Okay. Teva has multiple
23 manufacturing sites in Israel, correct?

24 MS. HILLYER: Objection to the

1 extent it calls for speculation.

2 THE WITNESS: Yeah, I'm not on
3 the global operations side of the
4 business, so I don't -- I don't know.

5 There are other manufacturing sites in
6 Israel. I don't know to the extent that
7 they supplied the US or don't supply the
8 US.

9 BY MR. KIEFFER:

10 Q. Do you know how many are in what
11 locations?

12 A. I know of one other, which is
13 Kfar Saba, and that's all that I -- I know there
14 are more, but I don't know anything more
15 specific.

16 Q. Okay. Beyond the Jerusalem site
17 and the other one you mentioned, if there are
18 others, I just want to close the loop on this,
19 if there are other -- Teva manufacturing
20 facilities in Israel, you don't personally know
21 how many or where they're located, right?

22 A. Correct.

23 Q. Okay. And I would assume, then,
24 you don't know what products they make or don't

1 make?

2 A. Correct.

3 Q. Okay. Have -- to your knowledge,
4 of the Teva manufacturing facilities located in
5 Israel, have any of those supplied opioid
6 products at any point in time to Teva USA?

7 A. To my knowledge, no.

8 Q. Okay. And then as it relates to
9 all of the various other sites, to the extent
10 there are manufacturing sites in Israel, whether
11 or not any of those sites have made any opioid
12 products for Teva USA, you don't know that one
13 way or the other, correct?

14 A. I don't know.

15 MS. HILLYER: Objection, calls
16 for speculation.

17 BY MR. KIEFFER:

18 Q. Do not know?

19 A. I do not know.

20 Q. Okay. And who do you believe
21 within Teva might have the answer to that?

22 MS. HILLYER: Objection, calls
23 for speculation.

24 THE WITNESS: The operations

1 teams at Teva are responsible for site
2 of manufacture.

3 BY MR. KIEFFER:

4 Q. Site of manufacture?

5 A. Yes.

6 Q. And the operations team -- you
7 said the operations teams at Teva are
8 responsible for site of manufacture, correct?

9 A. Correct.

10 Q. The operations teams that you
11 referenced in that answer, is that a US team?

12 A. There's a -- there's a US
13 component that's responsible for US supply
14 chain.

15 Q. Okay. Let me ask the question a
16 little differently.

17 If we just focus on opioids that
18 Teva has manufactured that have been sold or
19 distributed in the United States --

20 A. Yes.

21 Q. -- the decision about where those
22 opioids get made, is that exclusively a Teva USA
23 decision, is it a Teva Israel decision, is it
24 some sort of collaborative decision?

1 MS. HILLYER: Hold on. Objection
2 to form and calls for speculation.

3 THE WITNESS: So, first of all, I
4 have no idea and no experience with how
5 those decisions were made for Cephalon
6 or Actavis, no idea.

7 BY MR. KIEFFER:

8 Q. Okay.

9 A. For Teva USA, generally they're
10 made, my understanding is by the US supply
11 chain. However, I don't know how those
12 responsibilities then are carved out. I'm not
13 in those meetings. It's not part of my
14 responsibility, so I wouldn't want to speculate.

15 Q. Okay. Do you know whether Teva
16 USA has exclusive decision-making authority
17 about the site of manufacture for all products
18 that Teva sells within the United States?

19 MS. HILLYER: Objection to form
20 and calls for speculation. She
21 testified she doesn't know about that.

22 THE WITNESS: Yeah, I don't know.

23 BY MR. KIEFFER:

24 Q. Don't know either way?

1 A. I don't. I don't know either
2 way.

3 MR. KIEFFER: Let's pull up
4 document 2021, if we can.

5 (Document marked for
6 identification as Teva-Baeder
7 Deposition Exhibit No. 3.)

8 MS. HILLYER: This is 3?

9 MR. KIEFFER: Yeah, thank you.

10 BY MR. KIEFFER:

11 Q. Ma'am, we have just handed you --
12 bear with me, let me keep my housekeeping
13 straight.

14 We have just handed you what
15 we've marked as Exhibit Number 3. It bears a
16 Bates number in the lower right-hand corner of
17 TEVA_MDL_A_12363196. It is an e-mail dated
18 January 31st of 2014 from Bryan Bart to you and
19 some other folks.

20 Do you see what I'm referring to?

21 A. Yes.

22 Q. Okay. And the subject line is
23 "Topco Update for Israel."

24 Do you see that?

1 A. Yes.

2 Q. First of all, who is Topco?

3 A. Topco is a conglomerate of
4 primarily grocery stores that buy drugs, much
5 smaller market share, but similar structure as a
6 retail GPO.

7 Q. Okay. Who is Bryan Bart?

8 A. He works on my team at this point
9 in time -- what year was this?

10 Q. 2014.

11 A. He was in the product management
12 group.

13 Q. But on your team?

14 A. Yes.

15 Q. And then the other folks just
16 briefly, Christine Boerner, if I said that
17 right, who is she and where does she work?

18 A. US supply chain. She is no
19 longer with the organization.

20 Q. Robert Lees?

21 A. US supply chain.

22 Q. Robert Hunsinger?

23 A. Product management.

24 Q. In the US?

1 A. Yes.

2 Q. Angela --

3 A. Amento.

4 Q. -- Amento?

5 A. Product management US.

6 Q. Okay. I'm going to say this
7 wrong probably but Gilad Shadur.

8 A. US finance.

9 Q. And Paul Butts?

10 A. Supply chain, but I think -- US
11 supply chain but a different piece of US supply
12 chain.

13 Q. Okay. The attachments here
14 reference pending bids as of it looks like
15 12/8/14, and then it says market planners,
16 right?

17 A. Yes.

18 Q. Okay. And for the record, there
19 is a spreadsheet that is attached to this. I'm
20 not going to take the time necessar -- well,
21 it's too cumbersome to print. We could display
22 it on the screen. I'm not going to do that
23 unless any of my questions make you think that
24 you want me to, in which case I'm happy to.

1 We'll mark the -- we'll just indicate that
2 electronically we'll append the spreadsheet to
3 this exhibit, and it was produced natively as
4 TEVA_MDL_A_12363197.

5 MS. HILLYER: So I'll just put an
6 objection on the record, she doesn't
7 have the whole picture here.

8 MR. KIEFFER: Yeah, and if I need
9 to pull it up, I can. I think it's
10 probably a waste of time, but I'm happy
11 to if we need to.

12 BY MR. KIEFFER:

13 Q. It says here, ma'am, in the text,
14 "Per our meeting today, all of these were bid
15 with 4/1/2014 supply start - except paroxetine -
16 we did not bid the paroxetine due to concerns
17 around the ongoing supply."

18 Do you see that?

19 A. Yes.

20 Q. And then it states, "Bob and I
21 will complete a review today to validate the
22 other pending bids vs. these items
23 specifically."

24 You see that as well?

1 A. Yes.

2 Q. And then it says, "As a heads-up
3 for this group. Bob has an existing
4 distribution of the pending full line bids every
5 time there is an update. It includes the detail
6 of volume and commitment on pending full lines.
7 I attached the latest as a reference."

8 Do you see that as well?

9 A. Yes.

10 Q. And then there are some drugs
11 referenced in a table below that.

12 Do you see that also?

13 A. Yes.

14 Q. Why is the status of this Topco
15 bid, this Topco update being provided to Israel?

16 MS. HILLYER: Objection to the
17 extent it calls for speculation.

18 THE WITNESS: So market planning,
19 which is US supply chain, is responsible
20 for the interaction with the
21 manufacturing sites, and we have to
22 update them as to things that are
23 currently pending versus closed.

24

1 BY MR. KIEFFER:

2 Q. Okay. So if this Topco update is
3 being provided to Israel, would that suggest to
4 you that some of the products or all the
5 products that were the subject of this bid might
6 be products that would be manufactured in
7 Israel?

8 MS. HILLYER: Objection to form.

9 THE WITNESS: Yeah, I don't
10 remember where these products are made,
11 but we would provide updates on whether
12 bids are open or closed or still
13 pending, and then market planning would
14 do what market planning does, which I'm
15 not a market planner.

16 BY MR. KIEFFER:

17 Q. You would provide bids -- you
18 would provide information on whether bids were
19 open or closed or still pending, correct?

20 A. Correct.

21 Q. And you'd provide that updated
22 information to Israel from time to time?

23 A. No, to US supply chain.

24 Q. To US supply chain.

1 And then they, in turn, from time
2 to time would update Teva in Israel?

3 A. I don't know what they would do.

4 MS. HILLYER: Objection to form.

5 BY MR. KIEFFER:

6 Q. But you know that's happened --
7 you've seen that happen before?

8 MS. HILLYER: Objection to form.

9 THE WITNESS: I've never been in
10 the room. They digest the information
11 and then do with it as they need to to
12 do their job.

13 MR. KIEFFER: Okay. Let's pull
14 up 2014, if we can.

15 (Document(s) marked for
16 identification as Teva-Baeder Deposition
17 Exhibit Nos. 4 and 5.)

18 BY MR. KIEFFER:

19 Q. Ma'am, we have marked as -- we
20 have marked as Exhibits 4 and 5 a couple of
21 documents. Exhibit 4 is a one-page e-mail. It
22 bears a number in the lower right corner of
23 TEVA_MDL_A_12121972, and it attaches a
24 spreadsheet that we have marked as Exhibit

1 Number 5. It bears a Bates number of
2 TEVA_MDL_A_12121974.

3 Let me ask you first about
4 Exhibit 4. This is an e-mail from Bryan Bart to
5 Richard Tremonte at Teva USA.

6 Do you know who Richard Tremonte
7 is?

8 A. I do know Richard Tremonte, but I
9 did not work with him at Teva.

10 Q. Okay. What was his position?

11 A. I don't know. I wasn't at Teva
12 then.

13 Q. Okay. But you know him?

14 A. I know him from -- he -- we
15 worked together later at Sandoz.

16 Q. I see. And lower on the string
17 here you will see over the right, there's a lady
18 by the name of Maureen Cavanaugh listed?

19 A. Yes.

20 Q. Okay. She's no longer with the
21 company, right?

22 A. Correct.

23 Q. What was her position when she
24 left?

1 A. She was the COO of generics when
2 she left the company.

3 Q. Okay. And when she left the
4 company, did you report to her?

5 A. Yes -- no, not when she left the
6 company. I reported to her until 2016.

7 Q. Okay. And so she was your boss
8 at least until 2016?

9 A. Until 2016.

10 Q. Okay. This e-mail at the bottom
11 of the page states, "Bryan, Israel now wants a
12 priority list similar to what we did for SV."

13 Do you see that?

14 A. Yes.

15 Q. Do you know what SV is?

16 MS. HILLYER: Objection to the
17 extent it calls for speculation. She
18 was not on this e-mail, and it was --
19 predates her time at the company.

20 BY MR. KIEFFER:

21 Q. Do you know what SV refers to,
22 just based on your familiarity with the
23 organization and your time there?

24 A. SV stands for Sellersville.

1 Q. Stands for what?

2 A. Sellersville.

3 Q. And what is Sellersville?

4 A. It's a manufacturing facility in
5 Pennsylvania.

6 Q. Okay. So read differently, this
7 would say, Bryan, Israel now wants a priority
8 list similar to what we did for Sellersville,
9 which is the Pennsylvania manufacturing
10 facility?

11 A. Used to be a Teva manufacturing
12 facility in Pennsylvania.

13 Q. Is it any longer?

14 A. No.

15 Q. What happened?

16 MS. HILLYER: Objection to form.

17 THE WITNESS: It was sold.

18 BY MR. KIEFFER:

19 Q. Okay. In approximately when?

20 MS. HILLYER: Objection to the
21 extent it calls for speculation.

22 THE WITNESS: Yeah, I don't
23 remember, more than four years ago.

24 BY MR. KIEFFER:

1 Q. Okay. But while you were at the
2 company?

3 A. Yes.

4 Q. Okay. And the products that were
5 formerly manufactured at Teva's Sellersville
6 facility, where was the manufacturing of those
7 products transferred to?

8 MS. HILLYER: Objection to the
9 extent it calls for speculation.

10 THE WITNESS: Yeah, I would have
11 to go product by product to answer that
12 question.

13 BY MR. KIEFFER:

14 Q. Okay.

15 A. They were transferred within the
16 network or transferred to a contract
17 manufacturing organization.

18 Q. Okay. And do you know whether
19 the production of any Teva products formerly
20 manufactured at the Sellersville facility,
21 whether some of that manufacturing started
22 taking place in Israel after the Sellersville
23 facility was closed?

24 MS. HILLYER: Objection, calls

1 for speculation.

2 THE WITNESS: I don't know.

3 BY MR. KIEFFER:

4 Q. Do you know whether anyone with
5 Teva in Israel had a say in the decision about
6 where the Sellersville -- the previous
7 Sellersville manufacturing would take place
8 after the closure of the Sellersville site?

9 MS. HILLYER: Objection, calls
10 for speculation.

11 THE WITNESS: I do not know.

12 MR. KIEFFER: Let's pull up
13 Exhibit 2019, if we can.

14 (Document marked for
15 identification as Teva-Baeder
16 Deposition Exhibit No. 6.)

17 BY MR. KIEFFER:

18 Q. Ma'am, we've marked as Exhibit 6
19 a document that begins with Bates number
20 TEVA_MDL_A_12280545. It is a slide deck. The
21 first page of which says Teva NACDS P&T
22 Conference, August 27th through 30th, 2011.

23 Do you see that?

24 A. I do.

1 MS. HILLYER: Again, John, was
2 this an attachment to an e-mail?

3 MR. KIEFFER: I honestly don't
4 know.

5 MS. HILLYER: So I'll just object
6 on the record that we don't have the
7 full context to the extent this was
8 attached to an e-mail.

9 MR. KIEFFER: Okay, fair enough.
10 I mean, I can tell you, obviously, it
11 was produced to us by Teva.

12 MS. HILLYER: Yeah, I mean, I see
13 the Bates.

14 MR. KIEFFER: And I can tell you
15 we certainly did not deliberately
16 separate e-mails from PowerPoints, but I
17 can't tell you at this moment if it was
18 attached or not.

19 MS. HILLYER: That's fine. I
20 just think it helps give the witness
21 context --

22 MR. KIEFFER: Sure. I
23 understand.

24 MS. HILLYER: -- and foundation.

1 MR. KIEFFER: Yeah, I would
2 typically include it if I had it, but I
3 can't vouch for the fact that it wasn't.

4 MS. HILLYER: No, I understand.

5 BY MR. KIEFFER:

6 Q. Okay. Ma'am, NACDS stands for
7 National Association of Trained -- let me back
8 up. I'm getting in a hurry here to try to get
9 us through some of this.

10 NACDS stands for the National
11 Association of Chain Drug Stores, correct?

12 A. Yes.

13 Q. All right. What's the P&T
14 conference?

15 A. To the best of my knowledge, it's
16 pharmacy and technology.

17 Q. All right. Did you from time to
18 time participate in activities of the NACDS?

19 A. I typically attend this meeting,
20 which now has another name, but it's still this
21 same time frame annually, and there's another
22 NACDS meeting and executive forum that's
23 typically around Easter that I also attend.

24 Q. Okay. So you would typically go

1 to the NACDS pharmacy and technology conference?

2 A. Yes, it has another name now, but
3 yes.

4 Q. Fair enough. You think it's
5 likely you did in 2011?

6 A. It's likely, although I don't
7 remember.

8 Q. Okay, fair enough.

9 Let me -- there's just a few
10 select things I want to ask you about. This
11 PowerPoint does have page numbers. It is
12 double-sided, which made it easier for us to
13 carry, but more clumsy maybe for you to have to
14 work with, but if you turn to page 92.

15 And let me ask a threshold
16 question before I ask you about page 92. This
17 slide deck with the cover that talks about the
18 National Association of Chain Drug Stores
19 Pharmacy & Technology Conference, it's got the
20 Teva logo throughout. Is it safe to assume this
21 is the kind of information that someone from
22 Teva likely would have presented at some point
23 during that conference?

24 MS. HILLYER: Objection, calls

1 for speculation.

2 THE WITNESS: Yeah, I don't know.

3 The meeting times are typically -- they
4 vary and sometimes you have a half an
5 hour. So although you may have
6 information, you may not get to present
7 it, or the customer may have more
8 pressing matters that they want to use
9 their time for.

10 BY MR. KIEFFER:

11 Q. Understood. So let me ask a
12 different question. This is clearly a Teva
13 prepared document, right?

14 MS. HILLYER: Objection to form.

15 BY MR. KIEFFER:

16 Q. Appears to be?

17 A. Appears to be.

18 Q. Okay. Appears to be a document
19 that someone at Teva created with the idea they
20 would try to present some or all of it at this
21 National Association of Chain Drug Stores
22 Pharmacy & Technology Conference, fair?

23 MS. HILLYER: Objection, calls
24 for speculation and lack of foundation.

1 THE WITNESS: So it appears to be
2 a Teva prepared document. The intent, I
3 don't know. It could have been preread
4 for management. I don't know.

5 BY MR. KIEFFER:

6 Q. Okay. Page 92 --

7 A. It is organized a little
8 strangely, if it was going to be presented,
9 because you would never have multiple customers
10 in the same presentation deck.

11 Q. Let me follow up on that. So,
12 typically, if information of this sort was to be
13 presented to a customer, you would endeavor to
14 segregate the information out on a customer
15 specific basis?

16 A. Absolutely.

17 Q. Okay.

18 A. It's extremely confidential and
19 not something that you would want -- our
20 customers would be very unhappy, with every
21 reason to be, if we shared their information
22 with someone else.

23 Q. Sure. Okay. I don't want to
24 give us off on some speculative path, it won't

1 be fruitful. But, I mean, one possibility is
2 someone or several someones at Teva prepared
3 this, they prepared it as sort of a group
4 presentation, and then it was subdivided out
5 before it was presented to the individual
6 customers; that's a possibility?

7 MS. HILLYER: Objection, calls
8 for speculation.

9 THE WITNESS: Yeah, I don't know.

10 MS. HILLYER: Lack of foundation.

11 BY MR. KIEFFER:

12 Q. Okay, fair enough.

13 Let's focus on page 92 that's got
14 a heading there "AmerisourceBergen."

15 You see that?

16 A. Yes.

17 Q. And then it says "Sales and
18 Marketing Activities," right?

19 A. Yes.

20 Q. And I am assuming this references
21 is generic sales and marketing activities, is
22 that what it appears to reference to you as
23 well?

24 MS. HILLYER: Objection, calls

1 for speculation and lack of foundation.
2 There's no evidence that she knows
3 anything about this document.

4 THE WITNESS: Yeah, I don't know.

5 BY MR. KIEFFER:

6 Q. The next to the last bullet says
7 "Hosted ABC," and ABC is shorthand for
8 AmerisourceBergen, right?

9 A. Correct.

10 Q. "Hosted ABC in Israel in
11 October 2010."

12 You see that?

13 A. Yes.

14 Q. Okay. Were you aware that
15 happened?

16 A. Yes.

17 Q. Did you participate in that?

18 A. I don't think so.

19 Q. Okay. Folks from Teva USA from
20 time to time would invite or would host certain
21 of Teva's large US customers to meetings and
22 events in Israel, correct?

23 MS. HILLYER: Objection, vague.

24 THE WITNESS: I have attended

1 meetings with customers in Israel two or
2 three times.

3 BY MR. KIEFFER:

4 Q. Okay. Tell us your best memory
5 of the customers that you have attended meetings
6 with in Israel two or three times and
7 approximately what year, if you're able?

8 MS. HILLYER: Objection to form.

9 THE WITNESS: I really don't
10 remember the year. I haven't done it
11 for -- I don't remember doing it post
12 the Actavis acquisition, so that would
13 put you pre-2016. I remember taking
14 Anda, which is a distribution company
15 that Teva now owns, but at that point
16 did not. I remember attending a trip
17 with Walmart. I feel like there's
18 another one, but I'm drawing a blank.

19 Q. Okay. And when you would attend
20 these meetings with these -- these were existing
21 customers, right?

22 A. These were existing customers.

23 Q. Okay. When you would attend
24 these meetings in Israel with these large

1 existing customers, about how long was the trip?

2 MS. HILLYER: Objection to form.

3 THE WITNESS: It varied, you

4 know, three -- two days to five days is

5 as specific as I can be.

6 BY MR. KIEFFER:

7 Q. Okay. And what were some of the

8 activities that were undertaken in Israel once

9 you were there?

10 MS. HILLYER: Objection to form.

11 I mean, you're vague and it's compound.

12 You're talking about different meetings,

13 different times and calls for

14 speculation. She said she doesn't

15 remember the details.

16 THE WITNESS: I don't remember

17 the details. What are you asking me

18 specifically?

19 BY MR. KIEFFER:

20 Q. Well, for example, you mentioned

21 you recall being involved in trips with Anda and

22 Walmart to Israel, right?

23 A. I do.

24 Q. Okay. In terms of the time that

1 was spent in Israel, generally speaking, what
2 sorts of activities did you all engage in? For
3 example, were they purely pleasure, sight-seeing
4 trips? Were there business meetings? Were
5 there plant tours, all of the above? What sorts
6 of things did you do?

7 MS. HILLYER: Objection to form,
8 vague, compound, calls for speculation.

9 THE WITNESS: So the trips were
10 different for each customer. With Anda
11 specifically, we spent a large amount of
12 time touring a new distribution center
13 that Teva had in Israel, doesn't
14 distribute any product to the US or have
15 anything to do with the US, but it had
16 some distribution -- my memory is it had
17 some distribution technology that was
18 interesting to people that are in the
19 distribution business.

20 With Walmart, I specifically
21 remember touring a API manufacturing
22 site because that was interesting to
23 them and something that they were trying
24 to understand, and then there was, of

1 course, some sight-seeing that I
2 remember.

3 BY MR. KIEFFER:

4 Q. Okay. API stands for active
5 pharmaceutical ingredient?

6 A. Correct.

7 Q. And really rough layman's terms,
8 that can be kind of the raw materials that go
9 into a finished drug product?

10 A. It's the chemical that makes the
11 drug have impact, so to speak.

12 Q. Do you recall the specific API or
13 APIs that were made at this site?

14 A. I do not.

15 Q. The trips that you were a part of
16 with Anda and Walmart, do you recall whether
17 Teva proposed those trips or the customer
18 proposed those trips?

19 MS. HILLYER: Objection to form.

20 THE WITNESS: I don't remember,
21 and my role, you know, was not -- was
22 not relationship building at that point
23 in time.

24 BY MR. KIEFFER:

1 Q. Okay. Thank you. I failed to
2 ask you a question. I'm assuming it wasn't just
3 you and representatives of these two customer
4 organizations on this trip; there were others
5 from Teva?

6 A. Correct.

7 Q. Others from Teva USA?

8 A. All from Teva USA.

9 Q. Anyone from Teva in Israel?

10 A. No.

11 Q. Anyone from Teva in Israel meet
12 with Anda or Walmart in connection with either
13 of these trips?

14 MS. HILLYER: Objection to the
15 extent it calls for speculation.

16 THE WITNESS: I don't recall
17 that.

18 BY MR. KIEFFER:

19 Q. You don't recall whether that
20 happened or not?

21 A. Yeah, I don't recall that that
22 happened.

23 Q. Okay. And this is described here
24 as a sales and marketing activity.

1 You see that?

2 A. Yes.

3 MS. HILLYER: Objection to form.

4 BY MR. KIEFFER:

5 Q. You agree with that
6 characterization?

7 MS. HILLYER: Objection to form.

8 Still lacks foundation.

9 THE WITNESS: Yeah, I mean,
10 you're spending time with your customer
11 so --

12 BY MR. KIEFFER:

13 Q. Sure.

14 A. I mean, I guess in the most
15 general sense.

16 Q. Okay. Turn if you would to page
17 112. Page 112 at the top references a company
18 by the name of Medco.

19 Do you see that?

20 A. Yes.

21 Q. Who is Medco?

22 A. Medco was a mail order pharmacy.

23 Q. Okay. Kind of like Express
24 Scripts that you mentioned earlier?

1 A. Yes.

2 Q. Okay. And the last bullet here
3 says "Hosted Medco in Israel during
4 October 2010."

5 Do you see that?

6 A. Yes.

7 Q. Do you recall if you were part of
8 that trip?

9 A. I was not part of that trip.

10 Q. Turn to page 128, if you would.
11 Page 128 has Walgreens' name at
12 the top.

13 You see that?

14 A. Yes.

15 Q. And, again, the last bullet on
16 page 128 says "Hosted Walgreens in Israel in
17 October 2009."

18 Do you know if you were part of
19 that trip?

20 A. I was not.

21 Q. Do you know if anybody from your
22 team was a part of that trip?

23 A. My team at that time?

24 Q. Yeah.

1 A. No, would have been too junior.

2 Q. How about Medco, any idea if any
3 part of your team would have participated in
4 that?

5 A. Doubtful.

6 Q. Don't know one way or the other,
7 but you think it's doubtful?

8 A. Yeah.

9 MR. KIEFFER: Pull up document
10 2015, if you would.

11 (Document marked for
12 identification as Teva-Baeder Deposition
13 Exhibit No. 7.)

14 BY MR. KIEFFER:

15 Q. Ma'am, we've marked as Exhibit
16 Number 7 a document that bears a Bates number of
17 TEVA_MDL_A_13558196. This was produced to us
18 from Teva's internal files. I just have a
19 couple of questions for you.

20 Earlier in the deposition you
21 mentioned that in your time at Teva, there had
22 been three acquisitions by Teva of other
23 companies, the first company by the name of
24 Barr, the second Cephalon and the third Actavis,

1 correct?

2 A. Correct.

3 Q. At the bottom of the page, there
4 is an e-mail from a gentleman by the name of
5 Dennis Miley to a Jim Coy.

6 Do you know either of those
7 individuals? Do you know who they are?

8 A. Jim Coy I know.

9 Q. And is Jim Coy still with the
10 company?

11 A. No.

12 Q. What was his position when he
13 left?

14 A. I don't know the answer to that.
15 He held positions in integration of systems and
16 supply chain. I'm not sure what his position
17 was when he left.

18 Q. Okay. And this e-mail is dated
19 January 21 of 2009. Would your answer be the
20 same for that time period as well?

21 A. Yes.

22 Q. Okay. This says, "Jim, HQ has
23 asked that Ann Beggs, Barr IT support for ARGUS
24 safety database, attend a meeting in Dresden on

1 migration of safety data."

2 Do you see that?

3 A. Yes.

4 Q. Ann's boss at Barr wants to know
5 if it's okay to bill to the Israel integration
6 budget. Israel wants advice on how to respond.

7 Do you see that as well?

8 A. Yes.

9 Q. Were you involved in any way in
10 the integration of Barr into Teva in connection
11 with that acquisition?

12 MS. HILLYER: Objection to the
13 extent she's not on this document, and
14 there's lack of foundation as to this
15 document.

16 BY MR. KIEFFER:

17 Q. At the moment I'm just asking not
18 with reference to the document, just with
19 reference to the acquisition.

20 A. My involvement was very limited,
21 and it only had to do with like putting the
22 order systems together so that a customer could
23 place an order for Barr items on the Teva
24 system, so it was very technical in nature.

1 Q. ITish?

2 MS. HILLYER: Objection to form.

3 THE WITNESS: Business but
4 ensuring that IT understood the business
5 requirement would probably be more
6 accurate.

7 BY MR. KIEFFER:

8 Q. I understand. Did you understand
9 at the time that there was something called the
10 Israel integration budget?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: I did not.

13 BY MR. KIEFFER:

14 Q. Did not?

15 A. I did not. I had no access to
16 budgets until much later in my career.

17 Q. In the e-mail above, middle line
18 there it says, "In regards to Israel - Daniel
19 may be able to shed some light in regards to
20 this matter - he is my counterpart for the Globe
21 and is in Israel."

22 Do you see that?

23 A. Yes.

24 Q. The individual that appears to be

1 referenced is a Daniel Solomon.

2 Do you know who that person is?

3 MS. HILLYER: Objection to form.

4 THE WITNESS: I do. I worked
5 with Daniel.

6 BY MR. KIEFFER:

7 Q. Okay. What is Daniel's -- is
8 Daniel still with Teva in Israel?

9 A. Daniel is with Teva USA.

10 Q. He was with Teva USA?

11 A. And Daniel is no longer a Teva
12 employee.

13 Q. Okay. How did you work with
14 Daniel, in what respect?

15 A. Daniel held a role in sales to
16 institutional markets in the capacity that I
17 worked with Daniel. I don't know what his roles
18 were before that.

19 Q. Institutional markets being what
20 specifically?

21 A. Hospitals, so specifically
22 injectable products.

23 Q. Okay. You were -- I'm going to
24 skip forward here, and we may come back to this

1 topic in more detail later, but the Actavis
2 acquisition, you were on the integration team
3 for that, correct?

4 A. Yes.

5 Q. Okay. Generally speaking, what
6 was the nature of your duties on the Actavis
7 integration team?

8 MS. HILLYER: Objection to form.

9 THE WITNESS: For the Actavis
10 integration activities, I was involved
11 in the integration of the commercial
12 team, so selecting employees, designing
13 org structure and then working on high
14 level plans that were implemented by
15 other people on my team as to system
16 integration, data integration, getting
17 all the information in one place so
18 people could do their jobs.

19 BY MR. KIEFFER:

20 Q. Okay. As it relates to the
21 Actavis acquisition and your work on that
22 integration team, did any of your work involve
23 or touch Teva people or operations in Israel?

24 MS. HILLYER: Objection to form.

1 THE WITNESS: No. No, I can't
2 think of any, no.

3 BY MR. KIEFFER:

4 Q. In your area?

5 A. Yeah, not in my area, no.

6 Q. Are you aware of any others in
7 other areas, or you just don't know?

8 MS. HILLYER: Objection, calls
9 for speculation.

10 THE WITNESS: Yeah, I wouldn't --
11 yeah, I wouldn't speak for anyone else,
12 but all of my interfaces across all the
13 functions were US based.

14 BY MR. KIEFFER:

15 Q. Okay. Do you know whether there
16 was an Israel integration budget in connection
17 with the Actavis integration?

18 MS. HILLYER: Objection to form
19 and calls for speculation.

20 THE WITNESS: There were
21 integration budgets. I have no idea if
22 they were -- or even what's meant by
23 Israel.

24 BY MR. KIEFFER:

1 Q. Pull up document 2018.
2 (Document marked for
3 identification as Teva-Baeder Deposition
4 Exhibit No. 8.)

5 BY MR. KIEFFER:

6 Q. Ma'am, Exhibit 8 is a document
7 from Teva's files. It is -- it begins with
8 Bates number TEVA_MDL_A_13580697, and it runs
9 for a number of pages. I just have a couple of
10 brief questions for you about it. This appears
11 to be an e-mail from a gentleman named Eric
12 Elbaz to Joyce Godshall. Mr. Elbaz's signature
13 line indicates he's validation officer,
14 compliance team for Teva global drug safety and
15 pharmacovigilance, and he has an address in
16 Israel.

17 Do you see that?

18 A. I do.

19 Q. Have you ever had any
20 interactions with Mr. Elbaz or Ms. Godshall?

21 A. I don't know any of the people on
22 this page.

23 Q. Okay, fair enough.

24 Let's turn, if you would, to page

1 7 of the document, and it has a Bates number
2 that ends in 704. There's some background
3 information there at the top. The second
4 paragraph states in the first sentence, "Teva
5 pharmacovigilance is headquartered at the main
6 site in Israel."

7 Do you see that?

8 A. Yes.

9 Q. Were you aware of that?

10 MS. HILLYER: Objection to the
11 extent it calls for speculation and lack
12 of foundation. She is not on this
13 e-mail. She knows nothing about it, and
14 she hasn't had a chance to look at the
15 document, and there's no foundation that
16 she had anything to do with the
17 exhibit attached to the -- or to the
18 attachment to the e-mail.

19 THE WITNESS: So I can read that
20 on the paper, but I don't know anything
21 about that.

22 BY MR. KIEFFER:

23 Q. Yeah, so prior to today if you
24 had been told that Teva pharmacovigilance is

1 headquartered at the main site in Israel, would
2 you have known whether that was a true statement
3 or not?

4 A. I would not. I don't even know
5 what main site in Israel really means.

6 Q. Okay. If individuals from Teva
7 in Israel have come to the United States and
8 have audited Teva's DEA compliance function here
9 in the states, do you know anything about that?

10 A. I don't.

11 Q. Today is the first you heard of
12 that?

13 MS. HILLYER: Objection --

14 THE WITNESS: Yes.

15 MS. HILLYER: -- assumes facts
16 not in evidence.

17 MR. KIEFFER: Pull up document
18 2017.

19 (Documents marked for
20 identification as Teva-Baeder Deposition
21 Exhibit Nos. 9 and 10.)

22 BY MR. KIEFFER:

23 Q. All right. We just marked,
24 ma'am, as Exhibits 9 and 10, an e-mail and an

1 attached slide deck. The e-mail, which is
2 Exhibit 9, is from a Jody Hecker to a number of
3 people, including you and it says, "Hello,
4 please find the PFG packet for today's Market
5 S&OP discussion," and then Exhibit 10 is the
6 referenced packet.

7 Exhibit 9 bears a Bates number of
8 TEVA_MDL_A_12172071, and Exhibit 10 has a
9 beginning Bates number of TEVA_MDL_A_12172072.

10 You generally see what I'm
11 referring to?

12 A. Yes.

13 Q. Okay. What is the market
14 planning sales and ops planning meeting? In
15 general, what is that?

16 A. Sales and operations planning is
17 actually a series of meetings, where you try to
18 align things that are happening commercial. For
19 example, this is how many units of product X we
20 think we can sell with operational plans. This
21 is how many units of product X that we think we
22 can produce.

23 Q. And these meetings, these sales
24 and ops planning meetings, they take place on

1 some sort of a regularly scheduled basis?

2 A. They do. It's shifted
3 dramatically over the years, but there has
4 always been sometimes a more disciplined and
5 sometimes a looser cadence of S&OP meetings.

6 Q. Okay. And do you typically
7 attend those?

8 A. At various points in my career I
9 have typically attended those. At present I
10 only attend the executive S&OP meeting.

11 Q. And the meetings that we are
12 discussing, the market planning sales and ops
13 planning meetings, are those attended just by
14 individuals from the generic side of Teva, or
15 are there representatives from the branded side
16 as well that participate?

17 A. Historically, and in general, the
18 S&OP cycle has been split. I don't know what
19 they do on the branded side of the business. I
20 don't know if there's mirror meetings or not,
21 but the meetings that I've attended have been
22 primarily, if not exclusively, generic.

23 MR. KIEFFER: Pull up 2023.

24 MS. HILLYER: Are we done with

1 these two?

2 MR. KIEFFER: Yes.

3 (Document marked for
4 identification as Teva-Baeder Deposition
5 Exhibit No. 11.)

6 BY MR. KIEFFER:

7 Q. Ma'am, we have marked as Exhibit
8 2023 a document that bears a Bates number
9 TEVA_MDL_A_02988415. That's the beginning Bates
10 number.

11 MS. HILLYER: John, you're saying
12 it's Exhibit 2023.

13 MR. KIEFFER: I'm sorry.

14 MS. HILLYER: I just want to make
15 it -- it gets a little confusing with
16 your numbers.

17 MR. KIEFFER: Yeah, I know. Let
18 me back up.

19 MS. HILLYER: Eleven?

20 BY MR. KIEFFER:

21 Q. Yeah, we've marked, ma'am, as
22 Exhibit 11 a document with a Bates number that
23 says TEVA_MDL_A_02988415. It's entitled
24 "Generic Products Purchase Agreement."

1 You see what I'm referring to?

2 A. Yes.

3 Q. Okay. On the first page of it,
4 it references that it is an agreement between
5 Teva Pharmaceuticals USA and Discount Drug Mart
6 in the first paragraph on the first page.

7 Do you see that?

8 A. Yes.

9 Q. And in the first whereas
10 paragraph references that the members acting as
11 a group of retailers are utilizing the services
12 of Topco Associates, right?

13 A. Yes.

14 Q. And Topco was the company that we
15 saw in that earlier e-mail that was the subject
16 of an update to some folks in Israel, right?

17 MS. HILLYER: Objection to form.

18 THE WITNESS: There was an e-mail
19 relative to Topco.

20 BY MR. KIEFFER:

21 Q. Okay. Let me ask you, I don't
22 know that we're going to get into the weeds of
23 this agreement. If you -- this agreement was
24 executed over on page 16 by Maureen Cavanaugh.

1 Her title at the time, senior vice president and
2 chief operating officer, North America Generics.

3 You see that?

4 A. Yes.

5 Q. You are familiar with these types
6 of purchase agreements, right?

7 MS. HILLYER: Objection to form.

8 THE WITNESS: Yeah, I'm generally
9 familiar.

10 BY MR. KIEFFER:

11 Q. I mean, you've executed some
12 similar agreements at different points in time
13 yourself, right?

14 MS. HILLYER: Objection, vague.

15 THE WITNESS: I have executed
16 purchase agreements with Teva USA
17 customers, yes.

18 BY MR. KIEFFER:

19 Q. In general, what is a Generic
20 Product Purchase Agreement?

21 MS. HILLYER: Objection.

22 BY MR. KIEFFER:

23 Q. As Teva uses that document?

24 MS. HILLYER: Objection to form.

1 THE WITNESS: So there's
2 typically a set of the terms and
3 conditions under which we sell product
4 to a customer.

5 BY MR. KIEFFER:

6 Q. Typically, a large customer?

7 MS. HILLYER: Objection to form.

8 THE WITNESS: Typically, all
9 customers. There may be some
10 exceptions, but most sales have to have
11 some type of back document.

12 BY MR. KIEFFER:

13 Q. Okay. So you think every
14 customer that Teva --

15 A. Maybe some exceptions, but yes.

16 Q. Okay. If you would turn to page
17 3 of that agreement, Section 3.4 is called a
18 "New Product Direct Award Rebate."

19 Do you see that?

20 A. Yes.

21 Q. I don't want to take the time to
22 go through all the legal minutiae, but are you
23 generally familiar with the type of rebate
24 that's being described there?

1 MS. HILLYER: Objection, calls
2 for a legal conclusion and lack of
3 foundation and vague.

4 THE WITNESS: I'm not intimately
5 familiar with this customer and their
6 buying arrangement, but I am familiar
7 with new product award rebates, so to
8 the extent that it's the same, I would
9 have to read the whole document and
10 understand.

11 BY MR. KIEFFER:

12 Q. The new product award rebates
13 that you're familiar with, is it fair to say
14 that's a price related incentive that Teva may
15 offer a particular customer?

16 MS. HILLYER: Objection to form.

17 THE WITNESS: It's a value
18 incentive that we may offer.

19 BY MR. KIEFFER:

20 Q. It's -- as we talked about at
21 some length before, that's an example of one of
22 these marketing and sales tools in the tool kit
23 on the generic side of the business?

24 MS. HILLYER: Objection to form.

1 THE WITNESS: Pricing is an
2 element of marketing.

3 MR. KIEFFER: Pull up document
4 2000.

5 (Document marked for
6 identification as Teva-Baeder Deposition
7 Exhibit No. 12.)

8 BY MR. KIEFFER:

9 Q. Ma'am, we've marked as Exhibit 12
10 a document bears starting Bates number in the
11 lower right-hand corner of TEVA_MDL_A_03450003,
12 and on the first page it is called a "Group
13 Purchasing Agreement," correct?

14 A. Yes, yes.

15 Q. This one, if you turn over, it's
16 hard to read because the print is small, it
17 looks like it's page 9 of the document, and the
18 Bates number in the lower right corner ends with
19 011?

20 A. Yes.

21 Q. That was also executed on behalf
22 of Teva USA by Maureen Cavanaugh?

23 A. Yes.

24 Q. And this is a Group Purchasing

1 Agreement, according to what's stated on the
2 first page, with Walgreens Boots Alliance
3 Development, correct?

4 A. Correct.

5 Q. That's the group that goes by the
6 name WBAD?

7 A. Correct.

8 Q. All right. And this one has a
9 term it looks like of January 1st, 2014, right?

10 MS. HILLYER: Objection, lack of
11 foundation.

12 THE WITNESS: Yeah, I'd have
13 to --

14 BY MR. KIEFFER:

15 Q. Let me ask it differently. The
16 first paragraph indicates it's entered into on
17 January 21st, 2014, right?

18 MS. HILLYER: Same objection.
19 There's no foundation for her on this
20 document.

21 THE WITNESS: Correct. The first
22 sentence says January 1st. The
23 signatures, though, are after.

24 BY MR. KIEFFER:

1 Q. And you have seen Group Purchase
2 Agreements with the WBAD group before?

3 MS. HILLYER: Objection to form.

4 THE WITNESS: I have seen Group
5 Purchasing Agreements for WBAD, yes.

6 BY MR. KIEFFER:

7 Q. Were you involved in 2014 in
8 negotiating the Group Purchase Agreement for
9 WBAD?

10 A. I don't remember. It would not
11 have been my core job responsibility in 2014.

12 Q. Okay.

13 MS. HILLYER: Do you want to --
14 we've been at an hour. Do you want to
15 do one more or do you want to take a
16 break? I don't know where you are.

17 MR. KIEFFER: I've probably got
18 five minutes on this topic to kind of
19 end it up, if that's okay.

20 MS. HILLYER: Yeah.

21 (Document marked for
22 identification as Teva-Baeder Deposition
23 Exhibit No. 13.)

24 BY MR. KIEFFER:

1 Q. Ma'am, we've marked as Exhibit 13
2 an e-mail string from a Heather Odenwelder at
3 AmerisourceBergen to several people, including
4 you, dated December 5 of 2016, and the subject
5 is "Teva/ABC Agreement Discussion."

6 Do you see that?

7 A. Yes.

8 Q. Do you know Heather Odenwelder?

9 A. I do.

10 Q. And who is she?

11 A. She is a -- she's a member of the
12 ABC local management team.

13 Q. Okay. And I'm not going to read
14 all this, but she indicates in the first
15 paragraph they're attaching some red line
16 responses from AmerisourceBergen to what she
17 refers to as both US agreements.

18 Do you see that?

19 A. I do.

20 Q. And then at the very last line
21 states, "Is there an update on the WBAD
22 negotiations regarding the VIR and loyalty
23 rebate?"

24 Do you see that?

1 A. I do.

2 Q. And what is VIR?

3 A. Volume incentive rebate.

4 Q. Okay. And what is a volume
5 incentive rebate in the context -- not
6 specifically to this agreement, but in the
7 context of a company like AmerisourceBergen,
8 given just kind of their presence in the market?

9 MS. HILLYER: Objection to form.

10 THE WITNESS: Well, the VIR is
11 with the purchasing agent, which is
12 WBAD, and it is a defined levels of
13 rebate based on total either volume or
14 value of purchases.

15 BY MR. KIEFFER:

16 Q. Okay. And the defined levels of
17 rebate often would take the form of -- my terms
18 may be imprecise, so bear with me, a tiered
19 structure or a sliding scale. So, for example,
20 as the customer, in this example WBAD hit
21 increasing levels of volume, correspondingly,
22 they might have increasingly levels of rebate.

23 Am I generally correct?

24 MS. HILLYER: Objection to form.

1 THE WITNESS: So volumes then of
2 rebates have tiered. If you buy X, your
3 rebate is Y. If you buy Z, your rebate
4 is A. It can be value, can be volume,
5 can be other things.

6 BY MR. KIEFFER:

7 Q. Okay. By "value" you mean price
8 or price in the aggregate?

9 A. I mean sales, how much -- how
10 much revenue.

11 Q. If you get a sales target of a
12 certain amount of money, your rebate will be a
13 certain amount of money. If you hit a sales
14 target of a higher amount of money, your rebate
15 may be higher?

16 MS. HILLYER: Objection to form.

17 BY MR. KIEFFER:

18 Q. Is that the general concept?

19 A. Maybe to be more precise, if your
20 invoice value is calculated on whatever basis is
21 denoted in the contract, which are very complex
22 formulas, then yes.

23 Q. And the value incentive rebate,
24 is that a tool that is fairly commonly used at

1 Teva with at least some of the larger -- some of
2 its larger companies -- customers?

3 MS. HILLYER: Objection, vague.

4 THE WITNESS: We have volume
5 incentive rebates with some key
6 customers.

7 BY MR. KIEFFER:

8 Q. Okay. And loyalty rebates, what
9 is a loyalty rebate?

10 A. It's another rebate usually
11 applied to some portfolio of the business.

12 Q. Meaning if you continue to buy
13 from Teva or you continue to buy -- strike that.

14 A loyalty rebate is a situation
15 where if a customer continues to buy a certain
16 portion of Teva's product portfolio or keep that
17 product primary, they may get a specific rebate?

18 MS. HILLYER: Objection to form.

19 THE WITNESS: Yeah, I wouldn't
20 characterize it that way. It's usually
21 there is a list of products and if you
22 continue -- if you buy or continue to
23 buy from that list of products and
24 attain a certain valuation, then you

1 would get a rebate.

2 BY MR. KIEFFER:

3 Q. Okay. And does Teva employ
4 loyalty rebates with a number of its large
5 customers?

6 MS. HILLYER: Objection to form.

7 THE WITNESS: Some large
8 customers. Over time it's changed but,
9 yes, some large customers.

10 BY MR. KIEFFER:

11 Q. And the two types of rebates
12 we're talking about, just in the context of this
13 exhibit, a volume incentive rebate and a loyalty
14 rebate, those are marketing and sales tools on
15 the generic side of the business?

16 MS. HILLYER: Objection to form.

17 THE WITNESS: They're an element
18 of pricing.

19 BY MR. KIEFFER:

20 Q. Which, as I think we talk --

21 A. And pricing is a piece of
22 marketing.

23 MR. KIEFFER: Can you pull up
24 2002.

1 (Document marked for
2 identification as Teva-Baeder
3 Deposition Exhibit No. 14.)

4 BY MR. KIEFFER:

5 Q. Ma'am, we have handed you Exhibit
6 14.

7 Exhibit 14 is a document that
8 bears a Bates number TEVA_MDL_A_06604089, and it
9 also bears the title of "Generic Products
10 Purchase Agreement."

11 A. Mm-hmm.

12 Q. This one is dated January 1st,
13 2017 between Teva USA and Walgreen Company.

14 Do you see that?

15 A. Yes.

16 Q. And this one over on looks like
17 page 15 of the document page that ends in page
18 number 103 is also signed by Maureen Cavanaugh.

19 Do you see that?

20 A. Yes.

21 Q. In 2017 do you know whether you
22 would have been involved in assisting in the
23 negotiation of a Generic Products Purchase
24 Agreement with Walgreens?

1 A. It's likely.

2 Q. That you had some input into the
3 agreement that we're looking at right now?

4 A. Yes.

5 Q. Okay. Do you know specifically
6 what?

7 A. No.

8 Q. Okay. Would it have to do with
9 incentives, rebates, upcharges, any specific
10 portion of the agreement?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: I would typically
13 be involved in logistical sections and
14 pricing sections.

15 Rebates in 2017 was handled in
16 large part by John Wodarczyk who
17 reported to Maureen directly.

18 BY MR. KIEFFER:

19 Q. Okay. When you said you might
20 have been involved in the logistical sections,
21 would that have to do with supply?

22 A. Yes.

23 Q. Would it also have to do with the
24 issue of failure to supply or failure to supply

1 penalties?

2 A. It could, yes.

3 MS. HILLYER: Are you close to
4 your five?

5 MR. KIEFFER: I am.

6 MS. HILLYER: Okay. Because it's
7 been like seven or eight. The witness
8 and I are getting hungry.

9 THE WITNESS: Yeah, I'm getting
10 hungry.

11 MR. KIEFFER: I'm getting close.
12 Just trying to reach a logical landing
13 spot.

14 MS. HILLYER: Yeah, let's do like
15 two more minutes or maybe one more
16 document, but we can always pick this up
17 after lunch.

18 MR. KIEFFER: That's okay. We
19 can break right now. It's not a big
20 deal.

21 MS. HILLYER: Okay. Why don't we
22 do that.

23 THE VIDEOGRAPHER: Going off the
24 record. The time is 12:57 p.m.

1 (Luncheon recess.)

2 THE VIDEOGRAPHER: Back on the
3 record at 1:52 p.m.

4 BY MR. KIEFFER:

5 Q. Ma'am, we are back on the record
6 after a break.

7 Are you ready to proceed?

8 A. Yes.

9 Q. Let me --

10 MR. KIEFFER: Pull up 2003 for
11 me.

12 (Document marked for
13 identification as Teva-Baeder Deposition
14 Exhibit No. 15.)

15 BY MR. KIEFFER:

16 Q. Ma'am, we have just marked as
17 Exhibit 15 a document it begins with a Teva
18 Bates number in the lower right-hand corner of
19 03464523. It's entitled "Cardinal Health
20 Supplier Agreement."

21 Do you see that?

22 A. Yes.

23 Q. This document on the first page
24 is dated October 9 of 2017. It's between Teva

1 Pharmaceuticals USA and Cardinal Health, and
2 over on the third page of the document, it
3 appears to have been signed by you, correct?

4 A. Yes.

5 Q. Okay. Again, as with the others,
6 I don't want to spend a lot of time on this. It
7 would certainly appear, by the face of this
8 document, that you had a hand in the negotiation
9 of it?

10 A. Yes.

11 Q. Okay. On the first page under
12 paragraph 1b there's a heading that says
13 "Preferred Program Rebate."

14 A. Yes.

15 Q. First sentence states, "Supplier
16 agrees to provide Cardinal Health a rebate equal
17 to 30% of the Net Sales of products sold by
18 Cardinal Health through Preferred Programs."

19 Did I read that correctly?

20 A. Yes.

21 Q. Would you have been involved in
22 negotiating that preferred program rebate?

23 A. Yes.

24 Q. And, again, as we discussed with

1 similar concepts before the break, a preferred
2 program rebate relates to pricing, and pricing
3 is one of the tools that you have from a sales
4 and marketing standpoint on the generic side of
5 the business when you are attempting to secure
6 customer relationships and preserve or increase
7 customer sales, right?

8 MS. HILLYER: Objection to form.

9 THE WITNESS: Pricing is a part
10 of a negotiation, yes.

11 MR. KIEFFER: Pull up 2018. No,
12 sorry, that's not right. How about 205.

13 (Document marked for
14 identification as Teva-Baeder Deposition
15 Exhibit No. 16.)

16 BY MR. KIEFFER:

17 Q. Ma'am, we've handed you Exhibit
18 16. That was 2005. We've handed you Exhibit
19 16. That is a document with a beginning Bates
20 number of TEVA_MDL_A_03464712. It is entitled
21 "Master Distribution Services Agreement," and
22 it's between Teva Pharmaceuticals USA and
23 AmerisourceBergen.

24 You see that in the first

1 paragraph?

2 A. Yes.

3 Q. What is a Master Distribution
4 Services Agreement?

5 A. It's an agreement by which
6 certain terms of sale are defined by the
7 customer.

8 Q. Okay. Different type of a
9 customer agreement, right, than some of them
10 we've looked at previously?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: They're all
13 different, and every customer has its
14 own definition but...

15 BY MR. KIEFFER:

16 Q. All right. This one we don't
17 necessarily have to take the time to look, it is
18 executed by Maureen Cavanaugh on page 28 of the
19 agreement.

20 My question for you is this is
21 dated February 1, 2017. Do you think you likely
22 would have been involved in the negotiation of
23 this?

24 A. Yes.

1 Q. Again, what parts, if you know,
2 might you have been involved in negotiating?

3 MS. HILLYER: Objection to form.
4 You want her to look through the 28
5 pages or --

6 THE WITNESS: Yeah, I'd have to
7 read it.

8 BY MR. KIEFFER:

9 Q. That's fine. I just thought if
10 there were certain portions of these sorts of
11 customer agreements that you were always
12 involved in and certain portions that you never
13 were involved in, it might be a quick way to do
14 it, but I'm not going to make you take the time
15 to read it.

16 MR. KIEFFER: Pull up 2007, if
17 you would.

18 (Document marked for
19 identification as Teva-Baeder Deposition
20 Exhibit No. 17.)

21 BY MR. KIEFFER:

22 Q. Ma'am, we've handed you Exhibit
23 17. Exhibit 17 is entitled "Amendment No. 3 to
24 Master Distribution Services Agreement." It's

1 referencing the agreement that was effective
2 February 1, 2017. This amendment is effective
3 February 22 of 2018, and it's signed by you on
4 the second page, correct?

5 A. Yes.

6 Q. Clearly, it would appear you were
7 involved in the negotiation of this amendment to
8 the AmerisourceBergen Master Services Agreement,
9 right?

10 A. I don't remember this being a
11 negotiation. I remember this more being a
12 request from the customer.

13 Q. Okay. And the request
14 essentially is what, boiled down?

15 A. To remove Oncology Supply from
16 the list of excluded customers.

17 Q. Do you remember the reason for
18 that?

19 A. It had to do with their internal
20 business unit organization, to the best of my
21 knowledge.

22 Q. By the date of this agreement,
23 February 2018, had you pretty much become the
24 designated signatory for these types of

1 agreements on behalf of Teva?

2 MS. HILLYER: Objection to form,
3 vague as to "these types" and "pretty
4 much."

5 THE WITNESS: Yeah, I started to
6 -- I signed documents throughout my
7 career and probably increased in 2018,
8 probably around April.

9 BY MR. KIEFFER:

10 Q. And by 2018 Ms. Cavanaugh had
11 left Teva; is that correct?

12 A. Not in February.

13 Q. Okay. When?

14 A. I think in April.

15 Q. Okay. And then thereafter you
16 assumed the title of chief operations officer
17 for US generics, right?

18 A. Correct.

19 Q. All right. In the time that
20 you've been at Teva, are you able to identify
21 for us the various opioid medications that Teva
22 has produced on the generic side? And I don't
23 necessarily mean all the different bottle sizes
24 and things like that.

1 A. I'm generally familiar with what
2 is in our product catalog. I would not be
3 familiar year by year, volume by volume, but in
4 a general way.

5 Q. And that's perfectly fair.
6 That's really all I was asking for. It's not
7 meant to be some exhaustive memory test, but in
8 terms of your general familiarity with Teva's
9 product catalog as it relates to opioid
10 medications since you've been at the company,
11 what do you recall the medications are that Teva
12 has produced?

13 MS. HILLYER: Objection to form.

14 THE WITNESS: Yeah, I don't know
15 that I can make a list, and my comments
16 would be limited to Teva USA, so I'm not
17 as familiar with the Actavis portfolio.

18 BY MR. KIEFFER:

19 Q. Okay.

20 A. Tramadol, APAP with codeine,
21 oxycodone, hydrocodone, morphine. Those are the
22 ones that come to mind.

23 Q. Follow up briefly on that.
24 Did I understand from your

1 earlier testimony, oxycodone that Teva produces
2 it produces pursuant or it sells that pursuant
3 to some sort of an agreement with Purdue?

4 MS. HILLYER: Objection to form.

5 THE WITNESS: Yeah, I don't know
6 the definition. Teva USA does sell
7 oxycodone.

8 BY MR. KIEFFER:

9 Q. Okay. And do you know whether
10 the oxycodone that Teva USA sells is actually
11 produced by Purdue?

12 A. Yes.

13 Q. It is?

14 A. Yes.

15 Q. But it is -- it comes out with
16 the Teva USA label on it?

17 A. Products sold by Teva USA have a
18 Teva or Teva company family label, yes.

19 Q. It doesn't say Purdue?

20 A. It likely does say Purdue
21 somewhere.

22 Q. Okay.

23 A. But probably more in the
24 manufactured by or something.

1 Q. Okay. In the products that you
2 just identified for me, those were all generic
3 products?

4 A. Yes, they're all generic
5 products.

6 Q. On the branded side we discussed
7 earlier since you've been at Teva, you are
8 familiar that products by the name of Actiq and
9 Fentora were also sold?

10 A. Yes.

11 Q. Okay. Those are fentanyl-based
12 products?

13 A. Yes.

14 Q. Okay. Has -- in the time that
15 you've been at Teva, has Teva produced a generic
16 fentanyl patch?

17 A. Not speaking for Actavis, because
18 I don't know. Teva did market a generic
19 fentanyl patch for a period of time. We did not
20 produce it is my memory.

21 Q. Okay. And that's fair. So your
22 answer excluded anything about Actavis because
23 you don't know those details?

24 A. I don't know those details.

1 Q. Okay. You said Teva did market a
2 generic fentanyl patch for a period of time that
3 you did not produce?

4 A. That's my recollection, yes.

5 Q. Do you recall approximately what
6 that time period was?

7 A. It was before 2016, but I
8 couldn't say when.

9 Q. Okay. Do you recall who produced
10 that generic fentanyl patch?

11 A. If I heard it, I would recognize
12 it, but, no, I can't think of it.

13 Q. It doesn't come to mind at the
14 moment?

15 A. No.

16 Q. Actiq involved a fentanyl what's
17 sometimes been called a lollipop or a sucker or
18 a lozenge, are you familiar with what I'm
19 referring to?

20 MS. HILLYER: Objection to form.

21 THE WITNESS: I'm familiar with
22 Actiq.

23 BY MR. KIEFFER:

24 Q. In the time that you've been at

1 Teva, has Teva produced a generic fentanyl-based
2 loollipop or sucker or lozenge product?

3 MS. HILLYER: Objection to form.

4 THE WITNESS: Teva has produced a
5 generic fentanyl lozenge.

6 BY MR. KIEFFER:

7 Q. You said Teva has produced a
8 generic fentanyl lozenge. Do they today?

9 A. Yes.

10 Q. Okay. And do you recall
11 approximately when Teva began producing a
12 generic fentanyl lozenge?

13 A. Post 2013, prior to 2018 is the
14 best I can do.

15 Q. Post 2013 and prior to 2018, Teva
16 produced a generic fentanyl lozenge?

17 A. Yes.

18 Q. What happened in 2018?

19 A. It was last year.

20 Q. Okay. But as far as you know,
21 Teva is still producing this generic fentanyl
22 lozenge?

23 A. Yes.

24 Q. And do you know, is it

1 essentially intended to be the generic
2 equivalent of Actiq?

3 A. It's an authorized generic of
4 Actiq.

5 Q. Okay. All right. Let me back up
6 and shift gears a little bit. There's some
7 general questions I had about Teva that I meant
8 to cover.

9 Teva is one of the world's
10 largest pharmaceutical companies, correct?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: Yes.

13 BY MR. KIEFFER:

14 Q. It is the world's leading
15 supplier of generic medications also, correct?

16 A. That is my understanding.

17 Q. And, currently, it's the largest
18 generic drug company in the United States?

19 MS. HILLYER: Objection to form.

20 THE WITNESS: That is our
21 understanding.

22 BY MR. KIEFFER:

23 Q. Okay. Documents and PowerPoints
24 produced in this case from Teva's files indicate

1 that in 2016 the company -- overall company
2 revenues were \$21.9 billion.

3 Is that consistent with your
4 general understanding?

5 MS. HILLYER: Objection to form.

6 THE WITNESS: For global?

7 BY MR. KIEFFER:

8 Q. Yes.

9 A. Yes.

10 Q. Documents that have been produced
11 in this case from Teva's files indicate that in
12 2016, globally Teva produced about 120 billion
13 tablets annually.

14 Is that consistent with your
15 general understanding?

16 MS. HILLYER: You're saying
17 globally and then you're saying Teva.
18 You mean Teva USA?

19 MR. KIEFFER: Teva USA, Teva
20 Limited, any company that goes by the
21 name of Teva worldwide.

22 MS. HILLYER: Okay. So objection
23 to form and to the extent it calls for
24 speculation.

1 THE WITNESS: Yeah, I don't know
2 the number of tablets that we produced.

3 BY MR. KIEFFER:

4 Q. Have you heard numbers like that
5 before?

6 MS. HILLYER: Objection to form.

7 THE WITNESS: I don't focus on
8 the global business. I focus on the US
9 business.

10 BY MR. KIEFFER:

11 Q. If Teva has put out information
12 in PowerPoints indicating that worldwide
13 products that go out under the Teva name
14 represent about 120 billion tablets, would
15 you -- would that surprise you?

16 MS. HILLYER: Objection to form
17 and lack of foundation.

18 THE WITNESS: I don't know.

19 MS. HILLYER: Calls for
20 speculation.

21 BY MR. KIEFFER:

22 Q. Teva in materials that have been
23 produced to us in this case sometimes refers to
24 itself as the world's largest medicine cabinet

1 generic, specialty and over-the-counter.

2 Have you seen those kinds of
3 terms or messaging used before in your time at
4 Teva?

5 MS. HILLYER: Objection to form.

6 THE WITNESS: I have seen that,
7 yes.

8 BY MR. KIEFFER:

9 Q. Okay. In documents that have
10 been produced to us from Teva, statements are
11 made that one in six prescriptions in the US is
12 filled with a Teva medicine.

13 Is that information you're
14 familiar with?

15 MS. HILLYER: Objection to form
16 and lack of foundation.

17 THE WITNESS: That is a statistic
18 that at one time was presented, yes.

19 BY MR. KIEFFER:

20 Q. You've heard that before?

21 A. Yes.

22 Q. Have you also heard that more
23 prescriptions in this country are filled with a
24 Teva generic than with any other company's

1 generic?

2 MS. HILLYER: Objection to form.

3 THE WITNESS: I don't know that

4 I've heard specifically that.

5 BY MR. KIEFFER:

6 Q. Okay. Teva is the largest
7 manufacturer in the US of generic opioids?

8 MS. HILLYER: Objection to form.

9 THE WITNESS: I don't know that
10 to be true.

11 BY MR. KIEFFER:

12 Q. You don't know one way or the
13 other?

14 A. I do not.

15 MR. KIEFFER: Can we pull up
16 document 00306D.

17 (Document marked for
18 identification as Teva-Baeder Deposition
19 Exhibit No. 18.)

20 BY MR. KIEFFER:

21 Q. Ma'am, we just marked as Exhibit
22 18 a document that was furnished to us from
23 Teva. It is -- it has a number in the lower
24 right-hand corner 00455086. It is entitled

1 "Teva Opioid Market Share Calculation: All
2 Opioids."

3 You see the title there that I'm
4 referring to?

5 A. I do.

6 Q. The left-hand column, the top row
7 is entitled "Teva opioid script volume."

8 You see that?

9 A. Yes.

10 Q. And that means prescriptions,
11 right?

12 MS. HILLYER: Sorry, again, do
13 you have -- is this an attachment to an
14 e-mail; do you know?

15 MR. KIEFFER: It's been produced
16 to us in the case. I don't know if it
17 was attached to an e-mail.

18 MS. HILLYER: Objection on the
19 record to the extent this was part of a
20 broader set of documents that we don't
21 have here.

22 BY MR. KIEFFER:

23 Q. The reference to script is
24 shorthand for prescription, right?

1 A. Yes.

2 Q. Okay. That document sets forth
3 some prescription numbers of Teva opioids from
4 2012 to 2016 ranging from 12, almost 13 million
5 in 2012 to a little over -- well, almost
6 31 million in 2016.

7 Do you see that as well?

8 A. Yes.

9 Q. Okay. Are you familiar with the
10 fact that in 2016 in excess of 30 million
11 prescriptions for opioids in the US were filled
12 with a Teva opioid product?

13 MS. HILLYER: Objection to form,
14 lack of foundation, assumes facts not in
15 evidence. There's no indication that
16 she knows anything about this document.

17 THE WITNESS: Yeah, I've never
18 seen this document, nor do I think I've
19 ever seen that number.

20 BY MR. KIEFFER:

21 Q. Okay. And whether you've seen
22 the document or seen the number, does the number
23 sound out of line to you based upon your many
24 years at the company?

1 MS. HILLYER: Objection to form.

2 THE WITNESS: I don't know that I
3 had an opinion on what that number
4 should be.

5 BY MR. KIEFFER:

6 Q. If you look at the second line
7 there it says "Teva opioid script share
8 (relative to total market)," and it looks like
9 from 2015 to 2016 Teva's share of the market
10 went from 6% to 14%, according to this document.

11 Do you see that?

12 A. Yes.

13 Q. Is it your belief that that
14 increase is likely attributable to the
15 acquisition by Teva of Actavis?

16 MS. HILLYER: Same objections,
17 lack of foundation, calls for
18 speculation and assumes facts not in
19 evidence.

20 THE WITNESS: We did close the
21 acquisition in 2016, but I -- I don't
22 think I can attribute a specific number
23 to that.

24 BY MR. KIEFFER:

1 Q. Earlier you referenced Teva's
2 market share in the US, I think, with reference
3 to the entire generic portfolio?

4 A. Correct.

5 Q. Right?

6 Was it your experience at Teva
7 that Teva's market share of the entire generic
8 portfolio in the US increased fairly
9 substantially as a result of the Actavis
10 acquisition?

11 A. It absolutely --

12 MS. HILLYER: Objection to form.

13 THE WITNESS: It did not.

14 BY MR. KIEFFER:

15 Q. It did not?

16 A. It did not.

17 Q. Okay. Well, were you aware that
18 Actavis had a significant opioid portfolio?

19 MS. HILLYER: Objection to form,
20 vague as to what significant is.

21 THE WITNESS: Teva -- I am aware
22 that Actavis had opioid products.

23 BY MR. KIEFFER:

24 Q. Okay. Did Actavis have a larger

1 portfolio of opioid products than Teva?

2 MS. HILLYER: Objection. Are you
3 talking about generics?

4 MR. KIEFFER: Yeah, let's focus
5 on generics for the moment.

6 THE WITNESS: I don't -- I don't
7 think I've ever compared the number of
8 opioids or the volumes Actavis to Teva.

9 BY MR. KIEFFER:

10 Q. So you have no idea?

11 A. I have no idea. I know that
12 Actavis had opioid products, some that Teva also
13 had and some that Teva did not have.

14 Q. Okay. So if I were to ask you as
15 the chief operating officer of Teva USA generics
16 whether Teva was the number one manufacturer of
17 generic opioids in this country, the number two,
18 the number five or the number 25, would you have
19 any idea?

20 MS. HILLYER: Vague, objection.

21 THE WITNESS: No, I would not
22 have -- I would not know for
23 manufacturing.

24 BY MR. KIEFFER:

1 Q. Manufacturing versus what, sales?

2 A. I would have -- I would have an
3 idea with sales, but I couldn't tell you a
4 number, whether it's one or 25.

5 Q. No idea in that range?

6 A. Well, I don't think we're the
7 smallest.

8 Q. Okay. Do you recognize that
9 you're one of the largest, if not the largest?

10 MS. HILLYER: Objection to form
11 and assumes facts not in evidence.

12 THE WITNESS: Again, I don't know
13 what number we are in -- when I review
14 market share data, I look at generics
15 holistically.

16 BY MR. KIEFFER:

17 Q. If the data reflects that during
18 the period of 2012 to 2016, Teva supplied
19 literally billions of tablets and capsules and
20 other dose units of generic opioids to the US
21 market, would that surprise you?

22 MS. HILLYER: Objection to form
23 and calls for an opinion and assumes
24 facts not in evidence.

1 THE WITNESS: Yeah, I don't know
2 what the number is, but --

3 BY MR. KIEFFER:

4 Q. Wouldn't surprise you if it was
5 in the billions?

6 A. I wouldn't be surprised.

7 MS. HILLYER: Same objections.

8 BY MR. KIEFFER:

9 Q. I'm sorry. I didn't hear your
10 answer.

11 A. I wouldn't be surprised.

12 Q. Okay. A substantial percentage
13 of the dispensed opioid prescriptions from
14 retail pharmacies in United States are generic
15 opioids, true?

16 MS. HILLYER: Objection to form,
17 vague as to what "substantial" means.

18 THE WITNESS: I've never looked
19 at -- again, I don't review the generic
20 marketplace in segments, so I don't --
21 and I have certainly never looked at the
22 brand segments of opioids, so I really
23 have no fundamental gut reaction to
24 generic versus brand split on a market

1 basis.

2 BY MR. KIEFFER:

3 Q. Okay. We talked earlier about
4 this. IMS data, right?

5 A. Yes.

6 Q. There's something called the IMS
7 National Prescription Drug Audit; you're
8 familiar with that?

9 A. Yes.

10 Q. If the IMS National Prescription
11 Drug Audit reflects that in 2016, approximately
12 96% of all filled opioid prescriptions in the US
13 were filled with a generic opioid, would that
14 surprise you? Would you say, no, based on my
15 experience, that can't possibly be right?

16 MS. HILLYER: Objection to form
17 and assumes facts not in evidence.

18 THE WITNESS: I don't know that I
19 would be surprised.

20 BY MR. KIEFFER:

21 Q. Ma'am, do you believe that a
22 public health emergency exists in the United
23 States and that there is a crisis affecting the
24 country as a consequence of opioid abuse and

1 addiction?

2 MS. HILLYER: Objection to form
3 and calls for an opinion.

4 THE WITNESS: I am aware that
5 there is a problem with opioids that is
6 now being addressed by agencies such as
7 the CDC and the FDA and other agencies.

8 BY MR. KIEFFER:

9 Q. Okay. And thank you for the
10 answer. My question is just slightly different.
11 Let me ask it again.

12 Do you believe that a public
13 health emergency exists nationwide and that
14 there is a crisis affecting the country as a
15 consequence of opioid abuse and addiction?

16 MS. HILLYER: Same objection.

17 THE WITNESS: I don't think that
18 I have the expertise to decide if
19 there's a public health emergency.

20 BY MR. KIEFFER:

21 Q. You don't have an opinion on that
22 one way or the other?

23 A. I do not. It is certainly
24 something that I am aware of, something that's

1 in the press, and it's something that there are,
2 you know, regulatory and government agencies
3 discussing.

4 Q. Okay.

5 MR. KIEFFER: Can you pull up
6 document 1700.

7 (Document marked for
8 identification as Teva-Baeder Deposition
9 Exhibit No. 19.)

10 BY MR. KIEFFER:

11 Q. Ma'am, we just marked as Exhibit
12 19 a document from the Department of Health and
13 Human Services. It's entitled "Determination
14 That a Public Health Emergency Exists," dated
15 October 26, 2017 signed by Eric D. Hargan,
16 acting secretary, and it states, "As a result of
17 the consequences of the opioid crisis affecting
18 our Nation, on this date and after consultation
19 with public health officials as necessary, I,
20 Eric D. Hargan, Acting Secretary of Health and
21 Human Services, pursuant to the authority vested
22 in me under section 319 of the Public Health
23 Service Act, do hereby determine that a public
24 health emergency exists nationwide."

1 Do you see what I just read?

2 A. I do.

3 Q. Were you aware that this
4 determination had been made in 2017 by the then
5 acting secretary of the Department of Health and
6 Human Services?

7 MS. HILLYER: Objection, lack of
8 foundation.

9 THE WITNESS: I was not.

10 BY MR. KIEFFER:

11 Q. You were not?

12 A. I was not.

13 Q. Today is the first time you've --
14 certainly today is the first time you've seen
15 this document?

16 A. To my knowledge, to my
17 recollection.

18 Q. And today, to your recollection,
19 is the first time that you learned that, in
20 fact, a public -- a determination that a public
21 health emergency exists as a consequence of the
22 opioid crisis was made by the Department of
23 Health and Human Services back in October of
24 2017?

1 MS. HILLYER: Objection to form.

2 THE WITNESS: Yes.

3 BY MR. KIEFFER:

4 Q. As the chief -- as the current
5 chief operating officer of Teva US generics, do
6 you think it's important to remain abreast of
7 significant developments in the public policy
8 arena, such as this determination by the
9 Department of Health and Human Services that
10 there was a public -- was and is a public health
11 emergency as a consequence of the opioid crisis?

12 MS. HILLYER: Objection to form.

13 THE WITNESS: I think it's
14 important to stay generally aware of
15 issues surrounding generic
16 pharmaceutical business, yes.

17 BY MR. KIEFFER:

18 Q. And, certainly, a determination
19 by the Department of Health and Human Services
20 that there is a public health emergency as a
21 result of one -- as a result of opioid products
22 and abuse of those products, particularly since
23 Teva makes some of those products as a part of
24 its portfolio, that would be an important issue

1 for folks at Teva to be aware of; we can agree
2 on that?

3 MS. HILLYER: Objection to form.

4 THE WITNESS: I think that the
5 discussion of the opioid crisis, as
6 referred to in this document, is
7 something that Teva should be aware of,
8 yes.

9 BY MR. KIEFFER:

10 Q. You believe there's an opioid
11 epidemic in the United States?

12 MS. HILLYER: Objection to form.

13 THE WITNESS: There's certainly
14 an opioid problem. Epidemic is -- I'm
15 not an epidemiologist.

16 MR. KIEFFER: Pull up document
17 1738.

18 (Document marked for
19 identification as Teva-Baeder Deposition
20 Exhibit No. 20.)

21 BY MR. KIEFFER:

22 Q. Ma'am, we've just marked as
23 Exhibit 20 a document with a number in the lower
24 right-hand corner TEVA 13481057. This is an

1 e-mail from a lady by the name of Shannon
2 Dzubin, if I said that correctly, to a number of
3 people. The subject is government affairs
4 opioid work group, and it's dated October 4,
5 2017.

6 Do you see that?

7 A. I do.

8 Q. And there is a list there of
9 required attendees. There's a handful of
10 people, and it looks like one of them is you
11 also, correct?

12 A. Yes.

13 Q. All right. And the message
14 states, "Good afternoon, we have been asked by
15 Petersburg to review the US opioid epidemic and
16 consider Teva response options."

17 You see that as well?

18 A. I do.

19 Q. Who is Shannon Dzubin?

20 A. She was in the government affairs
21 group at the time.

22 Q. And, in addition to you, there's
23 various other folks that are identified as
24 required attendees, one was Ms. Cavanaugh, who

1 essentially had your title before she left,
2 right?

3 A. Yes.

4 Q. And then Mr. Boyer who at the
5 time was the president and CEO of Teva North
6 America?

7 A. Yes.

8 Q. A gentleman by the name of
9 Matthew Day. Who is Mr. Day?

10 A. I don't know him.

11 Q. Okay. Were you part of a work
12 group related to opioids?

13 MS. HILLYER: Objection to form.

14 THE WITNESS: I could have been.
15 I don't specifically recall.

16 BY MR. KIEFFER:

17 Q. Okay. So this is -- to orient us
18 in time, this is not quite, I guess, a year and
19 a half ago in October of 2017, if you were part
20 of a opioid work group within Teva, you don't
21 recall one way or the other today whether you
22 were?

23 A. I don't. It was very common for
24 Maureen and I to split duties, so it's very rare

1 that we would both be in attendance.

2 Q. Okay. This states "We have been
3 asked by Peterburg to review the US opioid
4 epidemic and consider Teva response options."

5 Who or what is Peterburg?

6 A. Peterburg was our -- I don't
7 exactly know the timing. He was either, A, a
8 member of the board or, B, the interim CEO.

9 Q. And did Mr. Peterburg have a
10 first name?

11 A. Yitzhak.

12 Q. Yitzhak.

13 And where was Mr. Peterburg
14 based?

15 A. I think he lived in New York, but
16 I'm not certain. I didn't interact with him
17 often.

18 Q. Okay. Do you know if he was
19 based in the US versus Israel?

20 MS. HILLYER: Objection, calls
21 for speculation.

22 THE WITNESS: I don't know. All
23 of my meetings that he was in attendance
24 were in the US.

1 BY MR. KIEFFER:

2 Q. Okay. And this Mr. Peterburg you
3 said at the time would have either been a member
4 of the board or the interim CEO?

5 A. Correct.

6 Q. Okay. And it appears from this
7 message that he asked the various individuals on
8 this e-mail to make this review of the US opioid
9 epidemic and consider Teva response options,
10 right?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: Yes.

13 BY MR. KIEFFER:

14 Q. Did you have input into any
15 discussion or recommendation of Teva's response
16 options to the US opioid epidemic?

17 MS. HILLYER: I just want to
18 counsel the -- advise the witness not to
19 disclose anything that could be
20 privileged. There's a lot of lawyers on
21 here, so I don't want to disclose
22 attorney-client privilege, but I think
23 you can answer his question yes or no.

24 THE WITNESS: Yeah, I don't

1 remember. As I stated earlier, I don't
2 remember this meeting, and I don't
3 remember specific work plans around
4 opioids in 2017 relative to the generic
5 portfolio.

6 BY MR. KIEFFER:

7 Q. Okay. You don't remember
8 anything basically related to this?

9 A. I don't.

10 Q. Okay. Do you know if Teva came
11 up with any response options to the US opioid
12 epidemic at least as it's stated here in this
13 e-mail?

14 MS. HILLYER: Same cautioning in
15 terms of attorney-client privilege.

16 THE WITNESS: And, honestly, I
17 don't, I don't remember.

18 BY MR. KIEFFER:

19 Q. Don't know whether Teva did
20 anything and, if so, what it did?

21 A. Yeah, I don't know.

22 Q. Let me ask you about a couple of
23 other things.

24 Are you aware that recently the

1 National Safety Council released data from a new
2 study showing for the first time ever Americans
3 are more likely to die from opioid overdose than
4 in a car crash?

5 MS. HILLYER: Objection, assumes
6 facts not in evidence.

7 THE WITNESS: I'm not familiar
8 with the National Safety Council or any
9 findings thereof.

10 BY MR. KIEFFER:

11 Q. You mentioned earlier the CDC.
12 That's shorthand for the Centers for Disease
13 Control and Prevention?

14 A. Yes.

15 Q. Are you aware that the CDC has
16 reported that from 1999 to 2017, almost 218,000
17 people died from overdoses related to
18 prescription opioids and that opioid -- and that
19 overdose deaths involving prescription opioids
20 were five times higher in 2017 than in 1999?

21 MS. HILLYER: Objection to form.

22 THE WITNESS: I was not aware of
23 those statistics.

24 BY MR. KIEFFER:

1 Q. Are you aware that the CDC has
2 reported that from July 2016 through September
3 of 2017, so a period of a little more than a
4 year, the Midwestern region of the US saw an
5 increase in opioid overdoses of 70%?

6 MS. HILLYER: Objection to form.

7 THE WITNESS: I was not aware.

8 BY MR. KIEFFER:

9 Q. And that region, Midwestern
10 region typically would include the state of
11 Ohio?

12 MS. HILLYER: Objection, vague
13 and lack --

14 THE WITNESS: Yeah, I don't know.

15 MS. HILLYER: Calls for
16 speculation, lack of foundation.

17 BY MR. KIEFFER:

18 Q. Did I understand you to say
19 earlier you actually -- for your -- at some
20 point in your tenure with Teva, you moved from
21 Ohio to New Jersey?

22 A. I lived in Ohio prior to my
23 tenure with Teva.

24 Q. Okay, all right. Thank you.

1 Where in Ohio?

2 A. I've lived on the east side of
3 Cleveland in the suburbans, and I've lived in
4 the Dayton area.

5 Q. Okay. Are you aware that the CDC
6 reported in a 2018 surveillane report that in
7 2017 over 17% of the population filled at least
8 one prescription for an opioid?

9 A. I was not --

10 MS. HILLYER: Objection to form.

11 THE WITNESS: Not aware of that
12 statistic.

13 BY MR. KIEFFER:

14 Q. In view of the fact that a
15 public health emergen -- among other things, in
16 view of the fact that a public health emergency
17 has been declared as a result of the opioid
18 crisis, would you agree that a company like Teva
19 who makes and sells prescription opioids should
20 never put profits ahead of safety?

21 MS. HILLYER: Objection to form
22 and calls for an opinion.

23 THE WITNESS: Teva -- Teva sells
24 FDA approved products to be used by

1 healthcare practitioners to treat
2 patient need, and, certainly, that's
3 something to be taken seriously and
4 something that requires a lot of focus
5 on compliance and adherence to
6 guidelines and regulations.

7 BY MR. KIEFFER:

8 Q. Okay. And I appreciate that, but
9 my question, I think, had a different focus.

10 My question is in view of the
11 fact that the U.S. government through the
12 Department of Health and Human Services has
13 declared a public health emergency as a result
14 of the opioid crisis, would you agree that a
15 company like Teva that makes opioids should
16 never do anything that represents putting
17 profits ahead of safety?

18 MS. HILLYER: Same objections.

19 THE WITNESS: In general, Teva
20 should be compliant with all guidelines
21 and regulations, and anywhere where
22 there's a safety regulation, that should
23 be put ahead of profit.

24 BY MR. KIEFFER:

1 Q. In terms of Teva's product --
2 strike that.

3 You're aware of the fact that
4 opioids can be abused in ways that lead to
5 addiction?

6 MS. HILLYER: Objection,
7 mischaracterizes testimony.

8 THE WITNESS: I am aware that
9 opioid products are DEA scheduled
10 products, and my understanding, although
11 somewhat layman, of DEA scheduling is
12 that that is correlated to risk of
13 abuse.

14 BY MR. KIEFFER:

15 Q. Okay. Among -- and, again, I'm
16 not looking for a precise number, but in terms
17 of Teva's overall generic portfolio, about what
18 percent of that portfolio involves drugs that
19 are DEA scheduled drugs?

20 A. Opioids or DEA schedule?

21 Q. I'm sorry?

22 A. Opioids or DEA schedule?

23 Q. Well, DEA scheduled to begin
24 with.

1 MS. HILLYER: All DEA scheduling,
2 not just II?

3 BY MR. KIEFFER:

4 Q. Let's start all DEA scheduling
5 and then we'll go from there.

6 A. Percent of products, maybe, maybe
7 20%, maybe 30. I'm not -- I would have to look
8 at numbers to give you a more precise answer.

9 Q. And opioids are typically a DEA
10 Schedule II, right?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: Tramadol is not.

13 BY MR. KIEFFER:

14 Q. Okay. What's tramadol?

15 A. I think it's a IV, might be a
16 III.

17 Q. What about DEA Schedule II
18 products, approximately what percent of Teva's
19 portfolio are Schedule IIs?

20 A. Maybe 10, maybe 15. Again, I
21 would want to check before I gave you a specific
22 number.

23 MS. HILLYER: Sorry. Again,
24 you're just talking about Schedule II,

1 not just opioid Schedule IIs, right?

2 MR. KIEFFER: Correct.

3 THE WITNESS: Teva has a
4 significant amount of ADHD drugs as well
5 that are Schedule II.

6 BY MR. KIEFFER:

7 Q. And Schedule IIs are subject to
8 different requirements; are they not?

9 MS. HILLYER: Objection, vague.

10 THE WITNESS: Yeah, in terms of?

11 BY MR. KIEFFER:

12 Q. Well, the company has certain
13 obligations under federal law to conduct
14 surveillance for things like suspicious orders?

15 A. Yes.

16 Q. And Teva doesn't have that
17 obligation for non -- certainly non-DEA
18 scheduled drugs, right?

19 A. I don't know that that's wholly
20 accurate. I think there is also some, and I
21 don't know where the regulation comes from, but
22 I do know that we also have compliance programs
23 around so-called lifestyle drugs, which may or
24 may not be scheduled.

1 Q. Okay. We talked about the fact
2 that a public health emergency was declared in
3 October of 2017.

4 Were you personally aware that
5 there was a problem in this country with opioid
6 abuse, addiction and sometimes death prior to
7 2017?

8 MS. HILLYER: Objection to form.

9 THE WITNESS: I was -- I'm
10 generally aware that there was a
11 problem. I couldn't pinpoint for you
12 when that became present in my knowledge
13 base.

14 BY MR. KIEFFER:

15 Q. It's -- I'm sorry, go ahead.

16 A. Before 2017, but I don't know
17 when.

18 Q. Okay. It's a problem that's been
19 going on for a while, true?

20 MS. HILLYER: Objection to form.

21 THE WITNESS: The opioid problem
22 has been going on for a while.

23 BY MR. KIEFFER:

24 Q. Certainly since before 2016, for

1 example?

2 MS. HILLYER: Objection to form.

3 THE WITNESS: I don't remember

4 when it became a common public

5 conversation, I really don't remember.

6 BY MR. KIEFFER:

7 Q. Did you testify earlier that you
8 don't know whether Teva's share of the US opioid
9 market increased as a result of the Actavis
10 acquisition?

11 A. I would have to look at numbers
12 to speak on market share on any segment. On any
13 segment of the business, I typically look at
14 market share numbers in a holistic fashion.

15 Q. Okay. So you wouldn't know if
16 Teva's share of the US opioid market increased
17 as a result of the Actavis acquisition?

18 A. No.

19 Q. If the data -- we saw the data
20 earlier that Teva produced that indicates that
21 in terms of prescription volume, Teva's market
22 share went from about 6% in 2015 to about 14% in
23 2016.

24 Do you recall that?

1 A. That's what the document stated,
2 yes.

3 MS. HILLYER: Objection.

4 BY MR. KIEFFER:

5 Q. In your -- strike that.

6 Remind us, when did you begin at
7 Teva, what year?

8 A. 2008, I believe.

9 Q. In any of the time that you've
10 been at Teva since 2008, do you recall being a
11 part of any discussions or meetings at Teva
12 where consideration was given to implementing
13 any self-imposed production quotas on opioids?

14 MS. HILLYER: Objection to form,
15 vague.

16 THE WITNESS: I do not remember
17 any discussions about self-imposed.

18 BY MR. KIEFFER:

19 Q. And --

20 A. Outside of capacity.

21 Q. And, to your knowledge, in the
22 time that you've been at Teva, Teva has never
23 implemented any self-imposed production quotas
24 designed to reduce the volume of opioid

1 medications it produces?

2 MS. HILLYER: Objection to form.

3 THE WITNESS: I'm sorry. Can you
4 say that again.

5 BY MR. KIEFFER:

6 Q. In your time at Teva, it's true,
7 is it not, Teva has never implemented any
8 self-imposed production quotas for reasons like
9 public safety on the amount of opioid
10 medications it produces?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: Teva has not
13 stopped producing products -- I'm trying
14 to say this the right way -- for reasons
15 of public safety relative to the opioid
16 crisis. We certainly have stopped
17 producing products for quality concerns
18 or other public health issues.

19 BY MR. KIEFFER:

20 Q. Understood. But not because of
21 the opioid crisis?

22 A. Correct.

23 Q. And Teva has not voluntarily
24 taken the initiative whether it's -- apart from

1 the fact it hasn't stopped producing opioids,
2 Teva has not voluntarily at any point in time
3 implemented any sort of self-imposed production
4 decreases on the amount of opioids it produces
5 in response to the opioid epidemic?

6 MS. HILLYER: Objection to form.

7 THE WITNESS: So Teva's
8 production of opioids product by
9 product, some have declined and some
10 products we have stopped manufacturing,
11 but I would not say that it is a fair
12 characterization to say that we did that
13 in response to a concern with public
14 health around opioids.

15 BY MR. KIEFFER:

16 Q. You did it for other business
17 reasons, not reasons having to do with public
18 health concerns around opioids, correct?

19 MS. HILLYER: Objection to form.

20 THE WITNESS: There could be
21 public health concerns but not specific
22 to sort of this opioid addiction issue.

23 BY MR. KIEFFER:

24 Q. Okay. Product quality,

1 manufacturing hiccups, those sorts of things?

2 A. Exactly, exactly.

3 Q. Ordinary course of business stuff
4 that happens from time to time?

5 A. Yes.

6 Q. All right. You were on the
7 implementation team for the acquisition of
8 Actavis, right?

9 A. I was.

10 Q. Do you recall being a part of any
11 discussions in the lead up to or the
12 implementation of that acquisition where anyone
13 at Teva considered the possibility of simply not
14 acquiring the Actavis generic opioid portfolio?

15 MS. HILLYER: Objection to form.

16 THE WITNESS: Just to be very
17 clear, I was on the Actavis integration
18 team. I was not on the Actavis
19 acquisition team, so I was not part of
20 the acquisition strategy discussions.

21 BY MR. KIEFFER:

22 Q. Okay. And I meant to say
23 implementation team. I misspoke, so thanks for
24 correcting me.

1 You were on the Actavis
2 implementation team?

3 A. Correct.

4 Q. Okay.

5 MS. HILLYER: You're still both
6 saying different words. Do you mean
7 implementation or integration?

8 THE WITNESS: Integration.

9 MS. HILLYER: You said
10 implementation the first time, and then
11 she said integration, and then you said
12 I meant to say implementation.

13 MR. KIEFFER: And somewhere in
14 there she said acquisition.

15 MS. HILLYER: Right, but I think
16 she was saying integration, not
17 implementation.

18 BY MR. KIEFFER:

19 Q. All right. Let me clean it up.

20 You were on the integration team
21 for Teva when it acquired Actavis, right?

22 A. Correct.

23 Q. During any of these integration
24 activities or anything that would have touched

1 on your area in the organization in the lead up
2 to the acquisition, do you recall any
3 discussions about whether Teva ought to consider
4 perhaps not acquiring the Actavis portfolio of
5 opioid medications?

6 A. I was not part of a team that
7 gave recommendations on product selection from
8 the acquisition.

9 Q. And you don't recall hearing any
10 discussions about any topic like that from
11 anybody, right?

12 A. No, no discussions that I was a
13 part of.

14 Q. Has the DEA in recent years put
15 certain quotas on manufacturers like Teva
16 reducing the amount of certain opioid
17 medications they can produce?

18 A. My understanding, which is
19 probably somewhat limited because I don't
20 interact directly with the DEA, is that we apply
21 for quota of API, and we apply for quota to
22 manufacture or move product around and that
23 those quotas have been reduced as far as the
24 overall marketplace.

1 Q. Okay. Reduced by DEA?

2 A. Yes.

3 Q. DEA is turning the spigot down in
4 kind of simple layman's terms?

5 MS. HILLYER: Objection to form.

6 THE WITNESS: Yes, they've announ
7 -- there was an announcement at least at
8 one point that they would reduce quota
9 grants relative to opioids.

10 MR. KIEFFER: Can you pull up
11 document 1732.

12 (Document marked for
13 identification as Teva-Baeder Deposition
14 Exhibit No. 21.)

15 BY MR. KIEFFER:

16 Q. Ma'am, we've just handed you what
17 we've marked as Exhibit 21, an e-mail string.
18 It appears to begin at the bottom of a page
19 marked TEVA_MDL_A_09641638. It's an e-mail from
20 Andrew Boyer to several different people,
21 including you, dated October 5, 2016.

22 Do you see that?

23 A. Yes.

24 Q. And, actually, I think I

1 misspoke. Let me clean that up.

2 The string actually begins at the
3 very bottom of the page with an e-mail from a
4 Jeffrey Zerillo to Andrew Boyer, you and several
5 other individuals, right?

6 A. Correct.

7 Q. And the subject line is "DEA
8 Mandate Opioid Reduction."

9 Do you see that?

10 A. Yes.

11 Q. And Mr. Zerillo states, "This
12 could have a huge impact on us?"

13 Do you see that?

14 A. Yes.

15 Q. And then if you turn the page,
16 he's attached a press release that says "DEA
17 Reduces Amount of Opioid Controlled Substances
18 to be Manufactured in 2017."

19 Do you see that?

20 A. Yes.

21 Q. And it's got a date line of
22 Washington, DC. The first sentence states, "The
23 United States Drug Enforcement Administration
24 (DEA) has reduced the amount of almost every

1 Schedule II opiate and opioid medication that
2 may be manufactured in the United States in 2017
3 by 25 percent or more, according to a Final
4 Order being published in the Federal Register
5 tomorrow and available for public inspection
6 today here."

7 Do you see that?

8 A. Yes.

9 Q. And that press release appears to
10 be what Mr. Zerillo is referring to when he says
11 "This could have a huge impact on us?" Right?

12 A. Yes.

13 Q. And then Mr. Boyer above that
14 responds and he says "Agreed. Christine, we
15 will need to look at where we have FTS
16 exposure."

17 Do you see that?

18 A. Yes.

19 Q. And that's what we talked about
20 earlier, the potential failure to supply
21 penalties?

22 A. Yes.

23 Q. Mr. Zerillo up above writes back
24 and says, "Once we get our quota for 2017 which

1 will be soon we can access the impact if any.
2 This is an industry wide slash so we may be able
3 to capitalize if we get our quota based on
4 historical sales. If they spoon feed us quota
5 that could be another story but the smaller
6 players will suffer the most."

7 Do you see that?

8 A. Yes.

9 Q. Describe your understanding of
10 what he is communicating there?

11 MS. HILLYER: Objection to the
12 extent it calls for speculation.

13 THE WITNESS: He is stating that
14 we'll get our quota grant and then we
15 can do an analysis of our current
16 customer forecast versus what quota is
17 granted, and then we can do a GAAP
18 analysis to see where we might be short
19 product by product or customer by
20 customer.

21 BY MR. KIEFFER:

22 Q. And he mentions here that if Teva
23 gets its quota based on historical sales, Teva
24 may be -- actually be able to capitalize on this

1 quota reduction by the DEA, correct?

2 MS. HILLYER: Objection to form.

3 THE WITNESS: Well, Jeff Zerillo
4 is not a commercial individual. He's a
5 supply chain person, but -- so, yes, he
6 does say that. However, if we have a
7 current forecast and we're going to have
8 less supply, there's no way to increase.
9 So even if other people don't get their
10 quota, which I think is what he's
11 suggesting, there's no way to increase.

12 BY MR. KIEFFER:

13 Q. Okay. But he's also saying he
14 thinks in his opinion the smaller players will
15 suffer the most, right?

16 A. That's his opinion.

17 Q. And Teva is not one of the
18 smaller players, right?

19 MS. HILLYER: Objection to form.

20 THE WITNESS: Yeah, but I don't
21 know if there's any basis for that. I
22 don't have any experience with that.

23 MR. KIEFFER: Pull up 01889.

24 (Document marked for

1 identification as Teva-Baeder Deposition
2 Exhibit No. 22.)

3 BY MR. KIEFFER:

4 Q. Ma'am, we've just handed you what
5 we have marked as Exhibit Number 22. Exhibit 22
6 begins with an e-mail with a page number
7 TEVA_MDL_A_12352355, and it attaches a slide
8 deck that was produced under Teva Number
9 12352356.

10 I've got just a few questions for
11 you about a few of the things in that exhibit,
12 okay?

13 A. Okay.

14 Q. All right. Exhibit 22, which is
15 the cover e-mail at the bottom of the page,
16 includes an e-mail from a Michelle Belli dated
17 June 12, 2013 to a number of people, including
18 you, right?

19 A. Yes.

20 Q. And the subject is "June 5-6
21 Sales Meeting Complete Slide Deck."

22 And it says "Attached is the
23 complete slide deck for the sales meeting held
24 on June 5-6."

1 Do you see that?

2 A. Yes.

3 Q. If you turn the page, there is a
4 cover page and it says "Teva US Generics Sales
5 Meeting, Orlando, Florida, Wednesday June 5,
6 2013."

7 Do you see the cover there?

8 A. Yes.

9 Q. Did you attend that meeting?

10 A. Likely.

11 Q. Typically, this would be
12 something that you would do?

13 A. Yes.

14 Q. Okay. There are, I will tell
15 you -- I got a couple things I want to ask you
16 first, but there are some presentation materials
17 in here that have your name on them. If there's
18 a part of this slide deck that's got your name
19 on it, is it likely you were the presenter of
20 that information?

21 MS. HILLYER: Objection to form.

22 THE WITNESS: Myself or myself
23 and a team member.

24 BY MR. KIEFFER:

1 Q. Yourself or yourself and a team?

2 A. Yes.

3 Q. But you would have been involved
4 in presenting the material?

5 A. Yes.

6 Q. Okay.

7 MS. HILLYER: Do you want to give
8 her a few minutes to just look through
9 it?

10 MR. KIEFFER: Yeah, she can fan
11 through it. I mean, I'm not -- I'm
12 certainly not going to ask her about
13 every page. There's vast amounts of
14 the information I'm not going to ask her
15 about, but, yeah, we'll go off the
16 record and take a break while she does
17 that?

18 MS. HILLYER: Either way.

19 MR. KIEFFER: Let's go off the
20 record, give her a minute to look
21 through.

22 THE VIDEOGRAPHER: Going off the
23 record at 2:54 p.m.

24 (Brief recess.)

1 THE VIDEOGRAPHER: We're back on
2 the record at 3:07 p.m.

3 BY MR. KIEFFER:

4 Q. Ma'am, we're back on the record
5 after a break.

6 Are you ready to proceed?

7 A. Yes.

8 Q. Okay. When we broke, we were
9 discussing Exhibit 22, which was a slide deck
10 that had to do with the US generics sales
11 meeting in Orlando, Florida on June 5th, 2013.

12 Have you had a chance to briefly
13 look through that slide deck?

14 A. Yes.

15 Q. Okay. I'm only going to ask you
16 about a few pages.

17 You and/or members of your staff
18 were presenters at that meeting?

19 A. Yes.

20 Q. Okay. Turn to page 22, if you
21 would.

22 Page 22 has some information, the
23 heading is "Walgreens/Alliance Boots/ABC
24 Strategic Alliances."

1 Do you see that?

2 A. Yes.

3 Q. Now, it doesn't appear, at least
4 from the way this slide deck is organized, that
5 this was necessarily part of your presentation.

6 Is that true?

7 MS. HILLYER: Objection to form.

8 THE WITNESS: Likely.

9 BY MR. KIEFFER:

10 Q. Okay. I just want to ask you
11 about a couple statements on here.

12 The third bullet states,
13 "March 31, 2013, Teva and Walgreens/WBAD agreed
14 to a 5 year strategic partnership agreement in
15 US with the goal to develop a global agreement
16 within 90 days."

17 Is that something you were aware
18 of in 2013?

19 A. Yes.

20 Q. The next bullet states, through
21 the strategic rebate program we have the
22 opportunity to grow our business with Walgreens
23 in the US over \$2 billion during the 5 year
24 agreement from the current \$460 million run

1 rate.

2 Do you see that as well?

3 A. Yes.

4 Q. And you were aware of that target
5 and that goal in 2013?

6 A. Aspiration.

7 Q. Aspiration?

8 A. Yes.

9 Q. Okay. And that would be the
10 generic side of the business, correct?

11 A. Correct.

12 Q. Turn to page 23, if you would.

13 Page 23 is a chart, it's
14 entitled -- or graphic, it's entitled "Customer
15 segmentation," and there's a triangular diagram
16 and kind of captions to the side. This says
17 Tier 1, Tier 2 and Tier 3, correct?

18 A. Yes.

19 Q. All right. Tier 1 states it has
20 some company names in the tier. And it says,
21 "88% of overall generic market" and "74% of Teva
22 generic unit volume," right?

23 A. Yes.

24 Q. I want to make sure I'm

1 understanding this correctly. The reference to
2 "88% of overall generic market," do you know
3 whether that is in dollars or volume of product
4 sold or what it is?

5 A. I do not.

6 Q. And "74% of Teva generic unit
7 volume," that sounds like it's product units,
8 right?

9 A. Correct.

10 Q. Okay. And the companies that are
11 listed there in Tier 1, do you know as of 2013,
12 was that a complete list?

13 MS. HILLYER: Objection to form.

14 BY MR. KIEFFER:

15 Q. And let me try to be more
16 specific.

17 I don't interpret that as these
18 are just a few examples of Tier 1 companies. I
19 interpret that as more or less being a complete
20 list of the Tier 1 companies, but I want to know
21 if my interpretation is correct or incorrect?

22 MS. HILLYER: Objection to form,
23 lack of foundation.

24 THE WITNESS: Those were the Tier

1 1 customers, to the best of my memory.

2 BY MR. KIEFFER:

3 Q. How about Tier 2, is the same
4 thing true; as far as you know, those are the
5 Tier 2 companies?

6 A. I wouldn't have a memory of what
7 was defined as Tier 2 or Tier 3.

8 Q. Okay. But, according to this
9 document at least, if we look at the reference
10 to overall generic market, Tier 1 and Tier 2
11 combined look like they are about 97% of the
12 overall generic market and about 81% of Teva's
13 generic unit volume, right?

14 MS. HILLYER: Objection to form.

15 THE WITNESS: So I didn't prepare
16 the slide.

17 BY MR. KIEFFER:

18 Q. Right.

19 A. And I would not agree with that,
20 because, for example, the U.S. government via
21 the VA and the DOD is not here, and they're a
22 significant procurer. So this perhaps is retail
23 segment. I don't know.

24 Q. So, for example, the Department

1 of Defense is a big customer?

2 A. They are.

3 Q. Of Teva's?

4 A. And also the VA.

5 Q. What was the other one? I'm
6 sorry.

7 A. The VA, the veterans.

8 Q. The VA, okay.

9 Turn if you would to page 55.

10 Page 55 contains a chart that says "Current
11 Upside Products."

12 Do you see that?

13 A. I do.

14 Q. What's your understanding of what
15 the term "current upside products" refers to?

16 MS. HILLYER: Objection to the
17 extent it calls for speculation and lack
18 of foundation.

19 THE WITNESS: These are products
20 that we're trying to obtain a target
21 market share. I don't know from this
22 context whether it's relative to value
23 or units. I don't know. And over the
24 years we've done it in different ways,

1 so I don't know.

2 BY MR. KIEFFER:

3 Q. If you turn to the page
4 immediately after -- it looks like it's
5 immediately after 76, it's page 77. I'm not
6 sure the page number came through. That looks
7 like it begins your portion of the presentation;
8 is that correct?

9 A. Yeah, mine or Michelle's, yes.

10 Q. Okay. Page 80 is a slide
11 entitled "Enhanced DEA Compliance."

12 Do you see that?

13 A. I do.

14 Q. There is a reference there to
15 "Item descriptions on DEA 222 forms." What is a
16 DEA 222 form?

17 A. It's a form that accompanies a
18 manual purchase order for a Class II drug.

19 Q. Okay. Let me back up a step and
20 ask you to what extent, if at all, were your job
21 responsibilities in 2013 involved with DEA
22 compliance or suspicious order monitoring?

23 MS. HILLYER: Objection to form.

24 THE WITNESS: So the commercial

1 team, as I've described, customer
2 service did enter orders, process orders
3 and answer questions to customers
4 relative to backorders and supply. That
5 would be true for DEA substances as
6 well. We did not have responsibility
7 for suspicious order monitoring.

8 BY MR. KIEFFER:

9 Q. In any respect?

10 A. So by -- so it's changed over the
11 years. When I started with Teva in 2008, 2009,
12 the commercial organization was involved in
13 facilitating discussions or getting information
14 in support of the sales order monitoring
15 process.

16 By 2013 post the Cephalon
17 integration, the process had evolved, and we
18 were still involved in facilitating, for
19 example, finding out at a customer who the
20 appropriate party was for a discussion and
21 always were involved in sort of the overall
22 relationship with a customer, but we were --
23 continued to not be the decision-maker and
24 became farther removed from the actual secondary

1 set of questions, if you will. I don't know how
2 else to phrase it.

3 Q. And when you say "we," you're
4 referring to the customer service aspect that
5 falls under your responsibility?

6 A. Correct.

7 Q. Okay. And the time frame in the
8 last part of your answer you referenced was
9 sometime after 2013?

10 A. Sometime after 2013.

11 Q. Okay. So let's --

12 A. And it's continued to evolve, and
13 we've become -- customer service has become even
14 less and less involved. Again, we were never
15 the decision-maker, but we did used to
16 facilitate information exchanged more than we do
17 in the present day.

18 Q. Information exchange in the form
19 of data and information versus like
20 conversations?

21 A. Or if there was a specific
22 conversation.

23 Q. Okay. Page 82 of this slide deck
24 looks like it begins an operational update from

1 you or at least it has your name on it, right?

2 A. Yes.

3 Q. You believe you provided that
4 operational update?

5 A. Yes.

6 Q. Okay. Take a look at page 87 of
7 the slide deck, if you would.

8 Are you there?

9 A. Getting there. Yes.

10 Q. All right. Page 87, kind of the
11 heading above the three numbered items states,
12 "Increased vigilance of customers ordering to
13 forecast."

14 You see what I just read?

15 A. Yes.

16 Q. Does this in any respect touch
17 upon the subject matter of any sort of
18 suspicious order monitoring?

19 A. No. This speaks to the demand
20 shaping of the overall commercial department
21 relative to the whole portfolio and has more to
22 do with operational efficiency and
23 predictability to our supply chain. The
24 suspicious order monitoring program would run in

1 addition to this and separate from this with
2 different management and different protocols.

3 Q. Okay. Item number 1 states "We
4 will question any significant over order - 90%
5 turn out to be errors."

6 You see what I just read?

7 A. Correct.

8 Q. By "over order," what do you
9 mean?

10 A. So small customers, especially at
11 this time, tended to still order via e-mail or
12 other paper, and they would frequently miskey,
13 so they wanted to order 1,000 and they would
14 order 10,000.

15 Q. And your reference here to
16 questioning any significant over orders, would
17 that include customer orders that might get
18 flagged as potentially suspicious by the
19 suspicious order monitoring system?

20 A. There was a separate work stream.
21 So it would have gotten questioned first by me
22 from our team as this looks like an error.
23 Subsequent to that, the suspicious order
24 monitoring would flag however they flagged.

1 Q. Item 2, "Questions have led to
2 customer conversations, where customers were
3 speculating."

4 What are you attempting to
5 communicate?

6 A. So in the generic business,
7 having inventory when there's a shortage in the
8 marketplace of inventory is an advantage for
9 customers. So if there's a whisper that, you
10 know, Mylan, company X is going to have a
11 problem providing their customers with their
12 full forecast of generic Lipitor, you will see
13 other companies that produce generic Lipitor
14 getting correspondingly large, unforecasted
15 orders.

16 Q. Okay. So speculation in the
17 market?

18 A. Yes.

19 Q. Item 3 states, "Our goal is to
20 ship all orders, but ensure the forecast is
21 correct going forward, and only hold/cancel
22 excessive orders that we cannot supply without
23 creating backorders for other customers."

24 Did I read that correctly?

1 A. That is correct.

2 Q. Okay. The statement here "our
3 goal," whose goal is that? Is that your area,
4 the company's goal?

5 A. It's the commercial team's goal.

6 Q. Okay. Commercial team's goal is
7 all orders that come in -- all orders that come
8 into the company from customers, you will ship
9 if you can without creating backorders for other
10 customers?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: So we will ship all
13 orders that we can that are not
14 excessive and do not create problems for
15 our overall supply chain, so creating
16 backorders.

17 But, again, this -- this is a
18 process that's applied to every -- by
19 the way every brand and generic product
20 that we sell, and the SOMS process runs
21 completely independently and separate
22 from this.

23 BY MR. KIEFFER:

24 Q. Okay. Do you -- does Teva track

1 backorders internally with metrics?

2 A. Yes.

3 Q. You have percentages you try to
4 hit or percentages you try to stay beneath in
5 terms of backorders?

6 A. Yes.

7 Q. Customers on the whole don't like
8 backorders or order delays?

9 MS. HILLYER: Objection to form.

10 THE WITNESS: Well, we track
11 against adjusted orders. So if an order
12 is excessive and beyond our commitment,
13 then that wouldn't calculate into our
14 metrics.

15 BY MR. KIEFFER:

16 Q. Do you have an understanding -- I
17 understand you are not in the SOMS -- SOMS is an
18 acronym that stands for suspicious order
19 monitoring, right?

20 A. Correct.

21 Q. Okay. Is SOMS a part of the DEA
22 compliance function?

23 A. That's my understanding, yes.

24 MS. HILLYER: Are we done with

1 22?

2 MR. KIEFFER: We are for now,
3 yeah. Thank you.

4 BY MR. KIEFFER:

5 Q. Now, you're not in the DEA
6 compliance department, right?

7 A. No.

8 Q. You deal with those folks from
9 time to time?

10 A. From time to time.

11 Q. In your time at Teva, have you
12 gained at least some sort of a general
13 understanding of what some of Teva's obligations
14 may be to monitor for suspicious orders?

15 MS. HILLYER: Objection to form
16 and to the extent it calls for a legal
17 conclusion.

18 THE WITNESS: I have been -- I
19 have been trained from time to time on
20 the functional responsibilities that I
21 have relative to our compliance
22 obligations.

23 BY MR. KIEFFER:

24 Q. Okay. You recognize the sale of

1 opioid narcotic drugs in America is regulated by
2 law and specifically the DEA enforces that?

3 MS. HILLYER: Objection to form.

4 THE WITNESS: Yes.

5 BY MR. KIEFFER:

6 Q. Opioid drugs like the ones that
7 Teva sells are controlled substances, we talked
8 about that earlier, right?

9 A. Yes, opioids are a subset of the
10 controlled substances we sell.

11 Q. Okay. Do you understand in
12 general, and I'm not asking about the specific
13 legal requirements, but do you understand in
14 general that distributors of opioid drugs and
15 manufacturers of opioid drugs have a
16 responsibility under the law to try to do
17 everything they reasonably can to try to prevent
18 diversion of the drugs that they are
19 manufacturing and selling?

20 MS. HILLYER: Objection to form
21 and to the extent it calls for a legal
22 conclusion.

23 THE WITNESS: I do understand
24 that diversion of any pharmaceutical

1 product is a problem.

2 BY MR. KIEFFER:

3 Q. Is what?

4 A. Is a problem.

5 Q. Okay. And do you have an
6 understanding that if the DEA finds that a
7 manufacturer, a seller or a distributor of
8 opioids is not taking sufficient steps, in the
9 DEA's view, to prevent diversion, they can take
10 away the company's registration to sell or
11 distribute opioids?

12 MS. HILLYER: Same objection.

13 THE WITNESS: Yes, I'm generally
14 aware of that.

15 BY MR. KIEFFER:

16 Q. You understand, again, in
17 general, that manufacturers and distributors of
18 opioids are required to have certain controls in
19 place in their organization to help prevent the
20 diversion or abuse of opioids?

21 MS. HILLYER: Same objection.

22 THE WITNESS: Yes.

23 BY MR. KIEFFER:

24 Q. And are you aware generally that

1 the DEA regulations require all distributors to
2 report suspicious orders of controlled
3 substances to the DEA?

4 MS. HILLYER: Same objection to
5 form and to the extent it calls for a
6 legal conclusion.

7 THE WITNESS: Yes, I'm aware that
8 we from time to time report orders to
9 the DEA.

10 BY MR. KIEFFER:

11 Q. From time to time are required to
12 make reports?

13 A. Yes.

14 Q. Okay. There is -- we established
15 earlier there's a DEA compliance department; is
16 that right?

17 A. There is.

18 Q. Okay. At certain points in time
19 that department has had a woman in charge by the
20 name of Colleen McGinn.

21 Do you know Ms. McGinn?

22 A. I do.

23 Q. Is she still with the company?

24 A. Yes.

1 Q. And is she still in DEA
2 compliance?

3 A. Yes.

4 Q. At different points in time, a
5 gentleman by the name of Joe Tomkiewicz was
6 manager of the suspicious order monitoring
7 function at Teva.

8 Are you aware of that as well?

9 A. Yes.

10 Q. And you've -- have you had cause
11 to interact with Mr. Tomkiewicz from time to
12 time?

13 A. Occasionally, yes.

14 Q. Okay. We've used the phrase
15 suspicious orders.

16 Do you have an understanding that
17 suspicious orders, as it's used in this context,
18 in general, refers to orders that may be of an
19 unusual size or pattern or frequency so as to
20 raise some sort of a concern?

21 MS. HILLYER: Objection to form
22 and to the extent it calls for a legal
23 conclusion on the DEA guidelines or
24 requirements.

1 THE WITNESS: My understanding is
2 perhaps a little more limited, but that
3 all of the orders are monitored by a set
4 of algorithms that commercial is not and
5 should not be privy to, and the
6 suspicious order monitoring team looks
7 for certain patterns or trends, and then
8 orders are flagged.

9 BY MR. KIEFFER:

10 Q. Okay. And is it fair to say that
11 at least at Teva, the suspicious order
12 monitoring team is really the subject matter
13 experts in that area, what orders perhaps should
14 be flagged as suspicious, and then if orders are
15 flagged as suspicious what steps ought to be
16 taken from there to determine the next steps to
17 take?

18 MS. HILLYER: Objection to form.

19 THE WITNESS: The DEA compliance
20 team is the -- is the decision-maker on
21 all of those regulations.

22 BY MR. KIEFFER:

23 Q. And one of the reason is -- one
24 of the reasons is that DEA compliance department

1 is the one with the expertise?

2 MS. HILLYER: Objection to form.

3 THE WITNESS: Yes.

4 BY MR. KIEFFER:

5 Q. Do you have an understanding,
6 again, in general, recognizing you're not part
7 of the DEA compliance department, do you have an
8 understanding, in general, that if your company
9 determines that one of your customers has a
10 suspicious order, the company has an obligation
11 to stop that order from being shipped so that it
12 won't potentially be diverted out into the
13 community?

14 MS. HILLYER: Objection to form
15 and to the extent it calls for a legal
16 conclusion and calls for speculation.

17 THE WITNESS: I have an
18 understanding that there are times that
19 we need to report orders.

20 BY MR. KIEFFER:

21 Q. Stop orders, do not ship orders
22 and report orders, you are aware there are
23 circumstances where --

24 A. We don't ship orders, yes.

1 MS. HILLYER: Same objection.

2 BY MR. KIEFFER:

3 Q. And my question got a little
4 sloppy, so let me try to ask it again.

5 You are aware that there are
6 circumstances where suspicious orders are
7 flagged within the DEA compliance department,
8 and as a result of that, the orders are to be
9 stopped, not shipped and if suspicious, reported
10 to the DEA?

11 MS. HILLYER: Same objections.

12 THE WITNESS: Yes.

13 BY MR. KIEFFER:

14 Q. If -- I am assuming by virtue of
15 your previous testimony, you have not at any
16 point in time undertaken to do any kind of a
17 review yourself to try to determine the
18 sufficiency of Teva's suspicious order
19 monitoring system, right?

20 MS. HILLYER: Objection to form.

21 THE WITNESS: Can you say that
22 again.

23 BY MR. KIEFFER:

24 Q. Yeah. I am assuming, but I want

1 you to correct me if I'm wrong, you, yourself at
2 no point in time have ever undertaken any sort
3 of review to try to determine the sufficiency of
4 Teva's suspicious order monitoring system?

5 MS. HILLYER: Same objection.

6 THE WITNESS: I don't -- I don't
7 recall ever analyzing -- I wouldn't even
8 know how to analyze the system that we
9 have in place.

10 I have provided data, market data
11 and otherwise to that group.

12 BY MR. KIEFFER:

13 Q. Okay. If there has been evidence
14 previously in this litigation indicating that as
15 of 2012, Teva had never made a single report to
16 the DEA of a suspicious order related to
17 opioids, are you aware of that?

18 MS. HILLYER: Objection to form.

19 THE WITNESS: I am not.

20 BY MR. KIEFFER:

21 Q. You are not aware of that?

22 A. I am not.

23 Q. Okay. If that is what the
24 evidence indicates, does that surprise you?

1 MS. HILLYER: Objection to form.

2 BY MR. KIEFFER:

3 Q. Or do you have any basis to form
4 any thoughts about that one way or the other?

5 MS. HILLYER: Objection, calls
6 for an opinion.

7 THE WITNESS: Yeah, I don't. I
8 don't know how many reports we make. I
9 have no -- none of that information.

10 BY MR. KIEFFER:

11 Q. If documents have been produced
12 in this case from Teva's internal files
13 indicating that in October of 2014, Teva
14 received information that the Medicare Payments
15 Advisory Commission had issued a research report
16 which, among other things, found that
17 approximately 10% of all opioid prescriptions
18 were for legitimate use, is that anything that
19 you have ever heard of before today?

20 MS. HILLYER: Objection to form.

21 THE WITNESS: No.

22 BY MR. KIEFFER:

23 Q. There was a situation that arose
24 in 2015 regarding some orders for opioids from

1 Teva that were destined for a customer by the
2 name of Publix, P-u-b-l-i-x.

3 Do you recall that situation?

4 MS. HILLYER: Objection to form.

5 THE WITNESS: I do generally,
6 yes.

7 BY MR. KIEFFER:

8 Q. Publix is a grocery chain, right?

9 A. Correct.

10 Q. Okay. And they're a customer of
11 Teva's?

12 A. They are.

13 Q. Okay. And they are a grocery
14 chain with pharmacies, right?

15 A. Yes.

16 Q. Okay. And Teva sells opioid
17 narcotic products to Publix?

18 A. Yes.

19 Q. I want to ask you about a few
20 documents related to that set of circumstances.

21 MR. KIEFFER: Can we pull up
22 document 863.

23 (Document marked for
24 identification as Teva-Baeder Deposition

1 Exhibit No. 23.)

2 BY MR. KIEFFER:

3 Q. Ma'am, I've just handed you
4 Exhibit 23. That's an e-mail string with a
5 Bates number in the lower right corner of the
6 first page 02063729, and like some e-mail
7 strings, you kind of have to read it backwards.

8 Let's just start at the back, not
9 the very last page, but the page that ends 3732.

10 A. Okay.

11 Q. There's an e-mail at the bottom
12 from a gentleman named Dan Baker to someone
13 named Dawn Ward dated October 15, 2015.

14 Do you know those individuals?

15 A. Yes.

16 Q. Who are they?

17 A. They're customer service
18 representatives.

19 Q. Okay. So they would ultimately
20 have reported to you at the time?

21 A. To people that reported to me.

22 Q. Okay. And the subject looks like
23 it's identified to a purchase order number; is
24 that right?

1 A. Yes.

2 Q. And that's for an oxycodone
3 product?

4 A. I would assume from the e-mail.

5 Q. Okay. And Mr. Baker's question
6 is, "can you tell me if this product is going to
7 be warehoused in Ohio please?"

8 Do you see the question?

9 A. Yes.

10 Q. And in the e-mail above it,
11 Ms. Ward responds and says, "Hi Dan, yes, this
12 order is to be shipped and warehoused in Ohio.
13 I've attached a copy of the order that has the
14 shipping address."

15 You see that as well?

16 A. I do.

17 Q. Okay. And it says, "Thank you,
18 Dawn Ward, Buyer."

19 And why does it say "buyer" under
20 Dawn Ward's name?

21 A. I'm assuming that was her title.

22 Q. Okay. All right.

23 A. Dawn, I believe worked at Anda at
24 the time. Anda was not a Teva company in 2015.

1 Q. In 2015 was Anda a distributor --

2 A. Yes.

3 Q. -- of Teva's products?

4 A. Of the market's products,
5 including Teva's.

6 Q. Many people's products including
7 Teva, right?

8 A. Correct.

9 Q. Okay. And then reading further
10 on up in the spring -- excuse me.

11 Reading further up in the string,
12 Mr. Baker writes back to Ms. Ward and says,
13 "Dawn, our DEA team is asking for the following:
14 We need the following from Publix:" The first
15 bullet, "a list of their top 10 stories by
16 oxycodone tablet volume." Second bullet "a
17 breakdown by SKU of their oxycodone ER and IR
18 volume at each of the 10 stores," and bullet
19 number three, "A list of the top 5 prescribers,
20 including DEA number, at each of the 10
21 locations."

22 Do you see that?

23 A. I do.

24 Q. Do you know why that sort of

1 information was being asked for?

2 A. I would assume that the SOMS team
3 requested that data.

4 Q. Then there's a response or
5 there's another person joins the string above
6 that message from Mr. -- from Dan Baker, and
7 this appears to be someone named Jocelyn Baker?

8 A. Yes.

9 Q. And who is Jocelyn Baker?

10 A. Jocelyn Baker works in the sales
11 team.

12 Q. Okay. And did she report to you
13 at that time?

14 A. She did not.

15 Q. Okay. And she is responding to
16 Mr. Baker, and then she adds a number of other
17 people by carbon copy, right?

18 A. Yes.

19 Q. Okay. Who is Nisha Patel?

20 A. She worked in the pricing
21 organization.

22 Q. Would she have reported to you?

23 A. Yes -- what date is this?

24 Q. 2015, October.

1 A. Yes.

2 Q. Okay. There's a Joseph
3 Tomkiewicz, right?

4 A. Yes.

5 Q. He was the manager of the
6 suspicious order monitoring function at that
7 point?

8 A. Correct.

9 Q. Marianne Geiger, her title at the
10 time would have been what?

11 A. Customer service manager,
12 perhaps.

13 Q. Above you?

14 A. What?

15 Q. Was she above you or beneath you
16 at that point?

17 A. She worked in my organization.

18 Q. Okay. So she would have reported
19 to you?

20 A. She would have reported to
21 Michelle.

22 Q. Who would have reported to you?

23 A. Yes.

24 Q. Michelle Osmian, right?

1 A. Yes.

2 Q. Okay. Then there's a -- it looks
3 like a Redet Tefera, I probably didn't say that
4 right.

5 A. Redet, and she reported to
6 someone in pricing who reported to me.

7 Q. Okay. And then Jennifer King,
8 and what was Ms. King's role at the time, and
9 who did she report to?

10 A. Jennifer King I believe reported
11 to me at the time, and she was in charge of the
12 commercialization of new products.

13 Q. Okay. So Ms. Baker has added a
14 number of other folks to this conversation,
15 right?

16 A. Yes.

17 Q. And she writes, "Joe, Publix is
18 an established customer who sells some of our
19 other controls."

20 You interpret that as controlled
21 substances?

22 MS. HILLYER: Objection to form.

23 THE WITNESS: Yes.

24 BY MR. KIEFFER:

1 Q. "Is this really required? Also,
2 will you require this from my other 2 retailers
3 (Walmart and Thrifty White) who have accepted
4 our offer on this product? This was not
5 presented to them in advance and may put this
6 award at risk. Again they are an established
7 customer selling controls and have had to issues
8 to date. Please advise."

9 Do you see that?

10 A. I do.

11 Q. Ms. Baker seems to be at least if
12 not pushing back, certainly challenging this
13 request which she interprets I guess as coming
14 from Mr. Tomkiewicz for information from Publix?

15 MS. HILLYER: Objection to form.

16 THE WITNESS: I mean, she's
17 asking questions about this request, and
18 if -- you know, I take the second
19 sentence to mean if she needs to be
20 proactive in adding -- getting data from
21 other customers as well.

22 BY MR. KIEFFER:

23 Q. Okay. And her comment here in
24 the first -- second sentence "is this really

1 required," I mean, she's basically saying do we
2 really have to do this?

3 A. Yeah.

4 MS. HILLYER: Objection, calls
5 for speculation as to what Ms. Baker
6 said or meant.

7 BY MR. KIEFFER:

8 Q. Okay. Mr. Tomkiewicz if you turn
9 kind of forward in the packet, Mr. Tomkiewicz
10 writes back copying the group and he says,
11 "Jocelyn, there are several red flags with
12 this."

13 1. This is high-strength
14 oxycodone ultimately going to Florida, a
15 well-established hot spot for oxycodone abuse in
16 the US.

17 2. The total quantities in the
18 Publix forecast put them significantly above
19 their peers as far as size and class of trade
20 are concerned."

21 3. The breakdown by strength,
22 with an emphasis on 40mg does not appear to be
23 normal for a retail pharmacy. I would expect
24 the breakdown to be closer to that of Thrifty

1 White, where the emphasis is on lower
2 strengths."

3 Do you see where I am so far?

4 A. Yes.

5 Q. Continuing on he says, "While red
6 flag #1 is always going to be in place, this
7 places greater emphasis on our due diligence
8 regarding #2 and #3, and we must be prudent in
9 documenting our results in great detail,
10 including maintaining all of our correspondence
11 regarding this launch - and not just regarding
12 Publix.

13 I had informed Michelle early
14 yesterday afternoon that we were going to be
15 discussing Publix (and one other customer, whose
16 forecast numbers were much closer to what can be
17 considered normal, but still slightly outside of
18 that range) during the meeting next Tuesday,
19 along with presenting information that we will
20 require before we can ship to Publix.
21 Unfortunately, the timetable has obviously been
22 accelerated due to this order."

23 You see where I'm reading from?

24 A. Yes.

1 Q. Okay. As far as Publix being an
2 established customer, please remember that
3 Cardinal, McKesson, Walgreens and CVS are also
4 established customers, all of whom have had
5 serious DEA penalties due to the handling of
6 oxycodone in the state of Florida.

7 For Walmart and Thrifty White,
8 their forecast numbers put them solidly into
9 what we can consider normal, so unless they
10 order far in excess of their forecast, no order
11 for them should be held for further information,
12 nor should further information be requested of
13 them due to this launch.

14 Had my group been informed of
15 this launch prior to actually receiving orders,
16 we may have been able to clear these red flags
17 before any order had been placed.
18 Unfortunately, this was not the case, and we
19 have been forced to hold this order. We do not
20 take the holding of a newly launched product
21 lightly, and are only holding this because of
22 the these serious red flags. Once these red
23 flags have been cleared we will be able to
24 ship."

1 Do you see what I just read?

2 A. Yes.

3 Q. Let me touch on a couple
4 highlights. First of all, fair to say
5 Mr. Tomkiewicz in this e-mail appears to
6 communicate that he feels pretty strongly about
7 these red flags and the need to hold this order
8 up, at least at this point in time?

9 MS. HILLYER: Objection, calls
10 for speculation as to what
11 Mr. Tomkiewicz meant or intended.

12 THE WITNESS: I don't know how he
13 felt. He clearly lays out three points
14 of concern.

15 BY MR. KIEFFER:

16 Q. All right. There is reference
17 made in here to a product launch or a new
18 product launch.

19 Was the Oxycodone product that
20 was being held pertaining to Publix, was it part
21 of a new product launch?

22 A. Yes.

23 Q. What was that new production
24 launch?

1 A. Oxycodone.

2 Q. Oxycodone in a particular --
3 extended release, immediate release?

4 A. My memory is it was ER.

5 Q. ER, okay. In particular dosages?

6 A. It would have been the whole
7 product family.

8 Q. Okay. And if it was a new
9 launch, do you know was it a product that Teva
10 had been first-to-file on or a new launch in
11 some other sense?

12 A. Yeah, my memory is as part of a
13 settlement, so that's not considered a
14 first-to-file.

15 Q. Okay. Understood. Is there
16 heightened sensitivity, at least within your
17 portion of the organization, about orders that
18 might be held that are connected to a product
19 launch?

20 MS. HILLYER: Objection to form,
21 vague.

22 THE WITNESS: It is important to
23 our customers that on a new product
24 launch that we deliver product when we

1 say we're going to deliver product so...

2 BY MR. KIEFFER:

3 Q. That's particularly important in
4 a new product launch?

5 A. Typically, yes, because they
6 don't have any product on their shelf. If it's
7 an ongoing or repeat order, typically, they have
8 some amount of safety stock.

9 Q. Okay. All right. Well, after
10 Mr. Tomkiewicz's e-mail that we just looked at,
11 if you continue to read forward, the e-mail that
12 begins on the bottom of the first page of
13 Exhibit 23 is from Karin Shanahan to you carbon
14 copying Colleen McGinn, right?

15 A. Mm-hmm.

16 Q. Okay. And this -- all right.
17 And who is Karin Shanahan?

18 A. I believe she was a senior vice
19 president of supply chain or supply chain and
20 operations.

21 Q. Okay. And do you know did she --
22 did Ms. McGinn report to her?

23 A. She reported within that
24 organization. I don't know if it was directly

1 to Karin or not.

2 Q. Okay. And Ms. McGinn, at the
3 time, I think you said your understanding was
4 she was head of the DEA compliance function?

5 A. I think she was director or
6 senior director at the time.

7 Q. And Mr. Tomkiewicz would have
8 reported to Ms. McGinn?

9 A. Yes.

10 Q. Okay. So at least with this
11 e-mail where Ms. Shanahan weighs in to you, more
12 senior people on the DEA compliance side of the
13 organization are joining the conversation,
14 right?

15 A. Correct.

16 Q. Okay. And Ms. Shanahan writes,
17 "Christine, I understand you have some concerns
18 regarding our suspicious order monitoring
19 program. As you know, our SOM program is
20 designed to ensure that Teva is not subjected to
21 penalties up to and including rescinding of our
22 DEA licenses. Please feel free to set up some
23 time for the 3 of us to discuss, Karin."

24 Do you see what I just read?

1 A. I do.

2 Q. Obviously, if there was a penalty
3 that Teva was subjected to that could include
4 rescinding of DEA licenses, that could be a very
5 serious situation for the company, right?

6 MS. HILLYER: Objection to form.

7 THE WITNESS: Certainly would not
8 want to have our DEA license suspended.

9 BY MR. KIEFFER:

10 Q. You then write back, Karin, thank
11 you for reaching out. I am happy to discuss and
12 think the program is imperative, my concern was
13 about the statement that Publix is diverting
14 product. I think on new launches where we do
15 not have established history to compare to, we
16 need a more collaborative approach to ensure
17 that we are making responsible decisions.

18 We are gathering information on
19 historic purchases by Publix on other products
20 this year to ensure the market share that they
21 Publix has communicated to Teva relative to the
22 Oxy is not higher than market share on other
23 noncontrol products. We will be presenting that
24 data to the group for discussion. As I am sure

1 you would agree -- as I am sure you would agree
2 reaction we need to gather information and
3 partner with our customers, without an
4 accusatory tone to ensure responsible
5 decision-making.

6 In the future for these types of
7 sensitive products we can provide IMS and
8 customer historic market share in advance of the
9 launch to help make things easier if it is
10 helpful, but looking at customers of "like size"
11 as was described to me can be very misleading as
12 it does not take into account the complexities
13 in the channel.

14 We will send the information
15 either later today or Monday, and we can discuss
16 at that point? I know schedules are crazy? And
17 then you ask, Monday or Tuesday better?

18 Did I read that correctly?

19 A. Yes.

20 Q. And then Ms. Shanahan at the top
21 indicates to you that Monday is better for her,
22 right?

23 A. Yes.

24 Q. Okay. Let me just ask you, was

1 this exchange at this point in time becoming
2 tense?

3 MS. HILLYER: Objection to form.

4 THE WITNESS: My interaction with
5 Karin was not tense. My team's
6 interaction with Joe was tense and had
7 been reported to me as tense.

8 BY MR. KIEFFER:

9 Q. Okay. All right.

10 A. Karin and I had no conflict.

11 Q. Okay.

12 MR. KIEFFER: Can you pull up
13 document 912.

14 (Document marked for
15 identification as Teva-Baeder Deposition
16 Exhibit No. 24.)

17 BY MR. KIEFFER:

18 Q. Ma'am, document 912 is an e-mail
19 string with a number in the bottom corner
20 TEVA_MDL_A_03479607. It is a somewhat
21 continuation -- it's a continuation of the topic
22 by various other involved parties.

23 Let me direct your attention to
24 the bottom of the first page of Exhibit -- I'm

1 sorry -- I think I said 912 and misspoke.

2 MS. HILLYER: Twenty-four.

3 MR. KIEFFER: Yeah, 24, thank
4 you.

5 BY MR. KIEFFER:

6 Q. All right. Clean that up.

7 Exhibit 24 is an e-mail chain
8 with the Bates number I mentioned a moment ago.

9 Let me direct your attention to
10 the bottom of the first page of that, if I may.
11 It's an e-mail from Mr. Tomkiewicz to Colleen
12 McGinn.

13 You see that?

14 A. Yes.

15 Q. And the subject is "Publix," and
16 it says "Importance: High," right?

17 A. Yes.

18 Q. He says, "FYI, I just got a call
19 from Jen King and Christine Baeder about the
20 Publix Oxy issue. They are adamant that there
21 is no issue with us selling this oxycodone to
22 Publix because the IMS data shows that the
23 forecast matches what they dispense. I started
24 explaining the forecast numbers and mix of SKUs

1 appearing to be outside of normal, but they
2 Christine didn't want to hear it. Bottom line,
3 they want to have a call with us and Karin
4 Shanahan." And then he responds "thanks."

5 You see that?

6 A. Yes.

7 Q. Let me ask you about a couple of
8 things.

9 You recall having a call with
10 Mr. Tomkiewicz and Jen King about this issue?

11 A. I do not.

12 Q. Mr. Tomkiewicz's characterization
13 here that you two were adamant that there was no
14 issue with Teva selling this oxycodone to
15 Publix, do you have any reason to take issue
16 with his characterization of your position?

17 MS. HILLYER: Objection to form.

18 THE WITNESS: I don't remember
19 the call, so I can't comment on that.

20 BY MR. KIEFFER:

21 Q. Okay. Then there's a response
22 from Ms. McGinn that really discusses sort of
23 scheduling of follow-up discussion of the issue,
24 right?

1 A. Correct.

2 MR. KIEFFER: Okay. Pull up
3 document 907.

4 (Document marked for
5 identification as Teva-Baeder Deposition
6 Exhibit No. 25.)

7 BY MR. KIEFFER:

8 Q. Ma'am, we've handed you Exhibit
9 25. Exhibit 25 is an e-mail chain with a
10 beginning number at the bottom, it's Teva
11 document 01056272.

12 Let me ask you, if you would,
13 turn over to page 3 of the e-mail chain.

14 A. Yes.

15 Q. And there's an e-mail from you to
16 Karin Shanahan, which begins "thank you for
17 reaching out."

18 Do you see that?

19 A. Yes.

20 Q. We discussed that just a moment
21 ago, right?

22 A. Yes.

23 Q. Okay. And then the e-mail above
24 that is Ms. McGinn's response to you, right?

1 A. Yes.

2 Q. Okay. And Ms. McGinn writes, "Hi
3 Christine, I'm happy to meet with you to discuss
4 and I know you are aware of the importance of an
5 effective SOM program.

6 That being said, at no point in
7 time did we suggest that Publix was diverting
8 product. If that was the case, we would report
9 the order as suspicious immediately. Joe asked
10 to gather more information from the customer as
11 is routine when conducting due diligence
12 investigations - requesting that information is
13 not symbolic of accusing anyone of diversion.
14 Every DEA registrant should be familiar with SOM
15 requirements and accustomed to answering
16 questions related to this product in
17 particular."

18 Ms. McGinn goes on to state, "IMS
19 data and market share is helpful, but Joe has
20 requested the following from Publix:" And then
21 she reiterates the information that
22 Mr. Tomkiewicz had asked for previously.

23 She goes on to state, "In all
24 fairness, he has made similar requests in the

1 past from other customers without push back and
2 such requests are few and far between. Joe is
3 our SME for SOM" -- let me pause there. SME, do
4 you interpret that as subject matter expert?

5 A. Yes.

6 Q. For suspicious order monitoring?

7 A. Yes.

8 Q. "And has testified in court cases
9 as such to defend his employer's program in the
10 past. He is well aware of the justification
11 needed to release an order. Comparing customers
12 to those of 'like size' is an industry standard
13 and sound practice for initial review of an
14 order. If there are other factors that need to
15 be taken into consideration, it would absolutely
16 be helpful to know.

17 We obviously don't want to hold
18 this order any longer than we have to. I can
19 meet with you today or Monday to discuss."

20 You see what I read there?

21 A. Yes.

22 Q. Do you recall this exchange?

23 A. I do.

24 Q. Okay. Ms. McGinn seems to be

1 taking a fairly firm position in the requests
2 and the needs of her department at least at that
3 point in time?

4 A. Correct.

5 Q. And then above that it appears
6 Mr. McGinn writes to Mr. Tomkiewicz and asks do
7 you want me to reach out to Publix directly or
8 do you want CS to reach out? That's customer
9 service, right?

10 A. I would assume. I don't know.

11 Q. And then Mr. Tomkiewicz responds,
12 "I'm always more than happy to be the one to
13 contact the customer directly - less chance of a
14 translation error that way."

15 Do you see that as well?

16 A. Yes.

17 Q. And then Ms. McGinn responds a
18 bit later and says, "FYI - Christine preferred
19 they contact Publix to get the information. I
20 actually told her that we could reach out to
21 avoid confusion or she could have her people do
22 it if she wanted to ensure the customer
23 relationship was intact. She is having her
24 people contact them today and hopefully we'll

1 have all the information to review on Monday."

2 Do you see that?

3 A. I do.

4 Q. Okay. Fair to say you did -- as
5 it relates to this particular issue with Publix
6 at this point in time, you did not want the DEA
7 compliance, suspicious order monitoring people
8 reaching out to your customer?

9 MS. HILLYER: Objection,
10 mischaracterizes the document.

11 THE WITNESS: So in some e-mails
12 that we haven't read, my concern was the
13 tone in which the data was being
14 requested from my team. So I was told
15 by my team that we could not ship the
16 order because Publix may be diverting,
17 and I'm always okay with gathering more
18 data so that the SOMS team can do their
19 job, but there's a tone in which we
20 should approach our customers until we
21 know there's a problem, and it's a
22 respectful tone, and I did not feel
23 that, based on what my team was telling
24 me, that that tone was in place.

1 My memory is that I -- that
2 Jocelyn or someone, not me directly,
3 contacted Publix, explained the
4 situation to their procurement people
5 and got the appropriate names for their
6 SOMS contact people, and then I know we
7 provided data, and I don't know what
8 happened to the orders.

9 BY MR. KIEFFER:

10 Q. In some of the e-mails we've read
11 through, regardless of what the impression of
12 your initial team members were in talking to DEA
13 compliance, Ms. McGinn expressed that, at least
14 in her view, no one from her area at that point
15 in time had accused Publix of diverting product,
16 right?

17 MS. HILLYER: Objection to form.

18 THE WITNESS: That's her
19 position. That was not my team's
20 position.

21 MR. KIEFFER: All right. Pull up
22 document 01790.

23 (Document marked for
24 identification as Teva-Baeder Deposition

1 Exhibit No. 26.)

2 BY MR. KIEFFER:

3 Q. Ma'am, we've just marked as
4 Exhibit 26 a Teva document number 01056328. It
5 is -- there's some continuation of the issue
6 here.

7 Take a look with me, if you
8 would, at the second page of that exhibit. At
9 the bottom of the page there is an e-mail from
10 Mr. Tomkiewicz to Jocelyn Baker copying several
11 other folks.

12 Do you see that?

13 A. Yes.

14 Q. It begins, "Jocelyn, for this
15 quarter, their peers, based on similar class of
16 trade and size (based on purchases of Teva
17 product) are," and then he provides information
18 in a list there.

19 Do you see that?

20 A. Yes.

21 Q. Okay. He goes on then to say,
22 Publix is size-wise at the top of this group;
23 however, they are also nowhere near the size of
24 the smallest of the next group up. Even taking

1 into account the size difference between Publix
2 and Winn-Dixie doesn't explain the forecast
3 numbers I received. Kroger and Walmart are both
4 in a larger size group, and Meijer, Supervalu
5 and Giant Eagle are all smaller. It may seem
6 odd that Kaiser and Cigna would be considered
7 peers; however, they both service the same
8 patient profile and can be reasonably expected
9 to have similar usage profiles resulting in
10 similar volume, and I undertook a significant
11 data analysis several years ago that bore this
12 out.

13 Unfortunately, the problem isn't
14 the size of this order, but the overall volume
15 they expect, especially compared to their peers.
16 If we were to cut this order down to a smaller
17 volume so that we could start shipping, that
18 could be misconstrued as either attempting to
19 circumvent our Suspicious Order Monitoring
20 Program, or could even be used as evidence of
21 some sort of conspiracy to divert oxycodone,
22 which while obviously we know there's no
23 conspiracy to divert oxycodone here at Teva, we
24 must remain diligent in our DEA-mandated efforts

1 to prevent diversion of all controlled
2 substances.

3 If you think it would be helpful
4 for you and I to sit down with Publix
5 face-to-face to explain our concerns, I would
6 enjoy meeting with them, and I think they would
7 find our request rather reasonable. After all,
8 we're only asking for data on approximately 1%
9 of their locations."

10 Do you see what I just read?

11 A. Yes.

12 Q. So above that, if you turn back a
13 page to page 2 of the string, the next e-mail on
14 that chain -- I'm sorry is the name Redet?

15 A. Redet.

16 Q. Redet. Redet forwards this on to
17 Kevin Galownia and Sean Silver. What were their
18 jobs at the time?

19 A. They were all in pricing.

20 Q. She writes "Part 2 lol."

21 You see that?

22 A. Yes.

23 Q. LOL seems to be shorthand for
24 laughing out loud?

1 A. Yes.

2 Q. Any idea why she'd say something
3 like that?

4 A. No.

5 Q. Okay. Over something at least on
6 its face appears to maybe be a fairly serious
7 matter?

8 MS. HILLYER: Objection to form.

9 THE WITNESS: I have no idea what
10 she's commenting on.

11 BY MR. KIEFFER:

12 Q. And then Mr. Galownia forwards it
13 on up to you and Maureen Cavanaugh and says
14 "FYI," right?

15 A. Yes.

16 Q. Okay. You recall reading through
17 this at the time and wondering what Redet found
18 so humorous in all of this?

19 MS. HILLYER: Objection to form.

20 THE WITNESS: I don't know that
21 she found it humorous. I don't know
22 what she's commenting on. If I read it,
23 I would have read the substance that was
24 written to Jocelyn.

1 BY MR. KIEFFER:

2 Q. All right. You then respond to
3 Mr. Tomkiewicz, copying a number of others, and
4 you say, Joe, we are pulling information now to
5 compare Publix representative market share on
6 this product vs. other noncontrolled products
7 comparing both to total IMS data by product to
8 ensure that this product is in line with their
9 typical pharmacy size purchasing in support of a
10 launch. We will share that data with your team
11 later today or Monday, and then can meet to
12 discuss the appropriate next steps with this
13 customer/order based on take information.

14 Did I read that correctly?

15 A. Yes.

16 Q. And then Mr. Tomkiewicz above
17 forwards this all to Ms. McGinn, and he says, "I
18 find Redet's response below interesting. Seems
19 to put a spin on how seriously they take this."
20 And then in quotes he has her comment "Part 2
21 lol," right?

22 A. Yes.

23 Q. Certainly appears that
24 Mr. Tomkiewicz interpreted some of this as

1 perhaps some of the folks in your area not
2 taking this issue all that seriously?

3 MS. HILLYER: Objection, calls
4 for speculation.

5 THE WITNESS: I don't know, and I
6 didn't -- I didn't know he had a
7 concern. It wasn't brought to me.

8 MR. KIEFFER: Pull up document
9 849.

10 (Document marked for
11 identification as Teva-Baeder Deposition
12 Exhibit No. 27.)

13 BY MR. KIEFFER:

14 Q. Ma'am, we've marked as Exhibit 27
15 a continuation of a discussion of this Publix
16 issue. A lot of the e-mail string in 849 is
17 duplicative of what we've already read -- I'm
18 sorry -- in Exhibit 27 is duplicative of what
19 we've already read.

20 Exhibit 27 begins with a Bates
21 number of 01466124.

22 Let me direct your attention to
23 the e-mail at the very top of Exhibit 27 on the
24 first page from Colleen McGinn to Karin

1 Shanahan, all right?

2 A. Yes.

3 Q. It states, "Karin, we have an
4 issue with an order Publix placed for Oxycodone.
5 The order was held in the system for further
6 investigation because it's off the charts in
7 comparison to other customers of the same size.

8 Joe has asked for follow-up
9 information to conduct his investigation. He
10 cannot make a decision to ship or not until he
11 gets that information.

12 Apparently Christine Baeder
13 berated him today for making accusations of
14 'criminal activity' by the customer. In Joe's
15 words, he hasn't received verbal abuse like that
16 in years. Christine is demanding that the order
17 be released and wants a meeting with you today
18 or Monday at the latest.

19 I'm not very happy about my
20 people being verbally abused for doing their job
21 and bullying them into releasing an order is a
22 slippery slope."

23 Do you see what I just read?

24 A. Yes.

1 Q. You recall receiving this e-mail
2 from Ms. McGinn at the time?

3 MS. HILLYER: Objection.

4 THE WITNESS: I didn't receive
5 the e-mail.

6 BY MR. KIEFFER:

7 Q. Oh, right, I'm sorry. Strike
8 that question.

9 The reference here in the third
10 paragraph, "apparently Christine Baeder berated
11 him," him being Mr. Tomkiewicz, "today for
12 making accusations of 'criminal activity' by the
13 customer. In Joe's words, he hasn't received
14 verbal abuse like that in years."

15 My question for you is you
16 disagree with that characterization of the
17 conversation you had with Mr. Tomkiewicz?

18 A. I don't remember speaking to Mr.
19 Tomkiewicz about this matter. I do remember the
20 matter. I do remember the e-mails, and there
21 were no discussions between Colleen or Karin and
22 myself relative to berating or any of that.

23 Q. Okay. But you don't recall the
24 discussion that's being referenced here with Mr.

1 Tomkiewicz?

2 A. I do not.

3 Q. And if Mr. Tomkiewicz has
4 testified in this litigation that he stands by
5 all of this characterization, you don't have a
6 memory one way or the other to agree or disagree
7 with that; is that true?

8 MS. HILLYER: Objection, assumes
9 facts not in evidence.

10 THE WITNESS: I don't have a
11 memory.

12 BY MR. KIEFFER:

13 Q. Okay.

14 A. What I can say on this e-mail is
15 there's other mischaracterizations of what I
16 said, because it said I'm demanding a meeting
17 Monday or Tuesday. In my e-mail to Karin, that
18 is in one of these things, I clearly say, I know
19 schedules are crazy, do you want to meet Monday
20 or Tuesday. So there's already sort of shades
21 of gray of differences.

22 Q. Okay. Apart from that issue, the
23 statement here "Christine is demanding that the
24 order be released," do you recall in your

1 conversation -- you don't recall anything about
2 the conversation with Mr. Tomkiewicz that's
3 referenced here, right?

4 A. No.

5 Q. So if you demanded in that
6 conversation that the order be released, again,
7 you can't speak to that today because you don't
8 have a memory of the conversation, right?

9 A. I don't have memory. However,
10 what I do remember very clearly is that my
11 objection wasn't to the request for the data.
12 It was to the tone of the request of the data.

13 I think it's important that as
14 manufacturers that we work with our customers to
15 ensure a secure supply chain, and that requires
16 a collaborative tone until we have a reason not
17 to have a collaborative tone.

18 Q. Okay. And, again, what you've
19 characterized as the tone of the data request,
20 this is what you understood to be a tone of
21 Mr. Tomkiewicz to a member of your staff in the
22 initial conversation?

23 A. Yes.

24 Q. And you weren't a part of that,

1 right?

2 A. I was not.

3 Q. So all you're hearing is what
4 other people are kind of telling you about that
5 discussion, right?

6 A. The same as Colleen and Karin,
7 correct.

8 Q. Okay. And apart from tone, this
9 statement "Christine is demanding that the order
10 be released," that at least raises a separate
11 issue from tone, right? One is the customer is
12 being asked for information and a member of your
13 staff apparently didn't like the tone in which
14 the request was made, that's a separate issue
15 from insisting that the subject order be
16 released, right?

17 MS. HILLYER: Objection to form.

18 THE WITNESS: So, to be very
19 clear, commercial has no decision-making
20 relative to releasing orders that are --
21 that have hit our internal flags for
22 suspicious order monitoring.

23 BY MR. KIEFFER:

24 Q. Okay.

1 A. And I'm not the most senior
2 person in this interaction, Karin is.

3 Q. Okay. Commercial has no
4 decision-making with -- you said commercial has
5 no decision-making with respect to releasing
6 orders from suspicious order monitoring?

7 A. Correct.

8 Q. Commercial certainly has the
9 ability to weigh in with an opinion or a desired
10 course of outcome; does it not?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: Commercial provided
13 data, which I say clearly several times,
14 and Colleen says data is helpful, it's
15 not the ultimate solution, but it is
16 helpful on, you know, market share and
17 information that I may have that they
18 may not be privy to. My understanding
19 is then they have to digest that
20 information along with whatever other
21 data they need to digest to make the
22 decision that they think is appropriate,
23 and, ultimately, it is their decision.

24 MR. KIEFFER: Pull up 01809.

1 (Document marked for
2 identification as Teva-Baeder Deposition
3 Exhibit No. 28.)

4 BY MR. KIEFFER:

5 Q. Okay, ma'am, we've handed you
6 Exhibit 28. It's a Teva document with a
7 beginning number in the lower right-hand corner
8 of 01056360.

9 Mr. Tomkiewicz -- let me direct
10 your attention to the bottom of the first page,
11 if I may, okay.

12 Mr. Tomkiewicz writes to
13 Ms. McGinn, the first sentence of his e-mail is
14 in quotes, "my concern was about the statement
15 that Publix is diverting product."

16 Do you see that?

17 A. Yes.

18 Q. He's actually quoting an earlier
19 statement of yours in an e-mail, right?

20 A. I have no way to know if that's
21 accurate or not. That is what he's representing
22 it as.

23 Q. Okay. You don't know if you
24 wrote that in one of the other e-mails?

1 A. Oh, I would have been concerned
2 if we had said that Publix was diverting
3 product, so it's reasonable that I would have
4 said that.

5 Q. Okay. He says, "No such
6 statement was made. She clearly said that
7 merely asking them for data was accusing them of
8 diverting."

9 Do you see that?

10 A. I do.

11 Q. Do you know whether Jocelyn on
12 your staff made such a statement?

13 A. I don't. I don't know, and I
14 don't think it was in her e-mail. I don't
15 remember having any conversations with Jocelyn
16 outside of the e-mail on this.

17 Q. Okay. Ms. McGinn writes back to
18 Mr. Tomkiewicz there about the middle of the
19 page. She says, "I know. Karin is going to
20 support whatever your advice is. I do not feel
21 that IMS data is going to help. Clearly she
22 heard what she wanted to hear."

23 Do you see that?

24 A. Yes.

1 Q. Do you understand that to be a
2 reference to you, the "she heard what she wanted
3 to hear"?

4 MS. HILLYER: Objection to form,
5 calls for speculation.

6 THE WITNESS: I don't know if
7 it's myself or Jocelyn.

8 BY MR. KIEFFER:

9 Q. Okay. And then --

10 A. In Colleen's e-mail to me that we
11 read out loud she said all data is helpful, that
12 it may not be enough, they made need additional
13 data, but all data -- I'm paraphrasing, but all
14 data is helpful.

15 Q. Okay. Then if you read on up in
16 the string, the e-mail from Mr. Tomkiewicz to
17 Ms. McGinn, the subject line still has to do
18 with this purchase order for oxycodone product,
19 and then there's an attachment. It says
20 10/16/2015 Christine Baeder phone call.

21 Do you see that?

22 A. I do.

23 Q. And he writes, "Yep, IMS is just
24 going to show what they dispensed, which doesn't

1 show to whom, and for whom they dispensed. I've
2 attached my notes from the call; they're
3 minimal, but she was talking rather fast."

4 Do you see that?

5 A. I do.

6 Q. You understand that to be a
7 reference to you?

8 MS. HILLYER: Objection to form,
9 calls for speculation.

10 THE WITNESS: Yes.

11 MR. KIEFFER: Okay. Pull up
12 document 862.

13 (Document marked for
14 identification as Teva-Baeder Deposition
15 Exhibit No. 29.)

16 BY MR. KIEFFER:

17 Q. Ma'am, we just marked as Exhibit
18 29 a document with a Teva number in the lower
19 right-hand corner 02063728.

20 These are the call notes that Mr.
21 Tomkiewicz was referencing. The top line says,
22 "10:10 call returning Jen King's call."

23 Do you see that?

24 A. Yes.

1 Q. And, again, Ms. King reports to
2 you, right?

3 A. Yes.

4 Q. And it says "Anda Publix," right?

5 A. Yes.

6 Q. We discussed that earlier. Anda
7 is the distributor here, and the particular
8 order at issue was bound for Publix, right?

9 A. That's a little fuzzy to me,
10 because the data is for Publix, but the order
11 from Don Ward was from Anda, so I'm not
12 completely sure. Publix may have been sourcing
13 the product through Anda.

14 Q. Okay. Continuing on it says,
15 "Jen was looking at numbers. Jen said that to
16 her the numbers 'look fine'."

17 Do you see that?

18 A. Yes.

19 Q. "However, numbers are based
20 entirely on IMS dispensing info. Started to
21 explain that would be expected, but was cut off
22 when Christine Baeder joined the call on
23 speakerphone."

24 Again, this is a call you don't

1 have a memory of?

2 A. I don't.

3 Q. He says, "Christine Baeder,
4 berated, unprofessional, didn't want to hear
5 anything I said. She said asking for data was
6 accusing the customer of doing illegal activity.
7 I offered to meet with the customer. Christine
8 said under no circumstances would that happen.
9 Christine said that I report to TGO, and TGO was
10 informed, so there was no need to inform DEA
11 compliance of the launch."

12 Do you see what I just read?

13 A. I do.

14 Q. What's TGO?

15 A. Teva global operations.

16 Q. And this statement Christine said
17 I report to Teva global operations, did you at
18 the time report to Teva global operations?

19 A. No, I don't read that sentence to
20 mean that.

21 Q. Mr. Tomkiewicz did?

22 A. I think that means Joe does, yes.

23 Q. So was DEA compliance not
24 informed of this product launch, is that --

1 A. So that was an underlying point
2 of the friction, because what Joe -- he even
3 says in one of these e-mails, which I won't find
4 the time to -- won't take the time to find, but
5 that had they known the product was launching,
6 that we could have been more proactive in
7 setting up some guidelines for review, and I
8 think that would have probably been helpful to
9 them.

10 Q. All right.

11 A. And I speak to TGO management
12 five times a day, several different people. So,
13 clearly, there was a failure in process that TGO
14 management didn't inform and give the SOMS group
15 the appropriate amount of notice to do the
16 diligence they needed to do.

17 That said, I recommend in one of
18 these e-mails to Karin that going forward,
19 despite the fact that I would still believe that
20 the TGO management should communicate
21 effectively to their organization, I did suggest
22 that we set up a process go forward for
23 commercial launches of this nature so that the
24 SOMS team has however much time they need to and

1 can be as proactive as possible, which isn't
2 always possible, around supporting the review.

3 Q. Mr. Tomkiewicz goes on to write
4 here, "Christine said Publix has 0.8% percent
5 overall market share and we (Teva) are trying to
6 capture generic oxycodone market share."

7 Do you see that?

8 A. Yes.

9 Q. Was Teva at the time trying to
10 capture generic oxycodone market share?

11 A. We were launching the product.

12 Q. Do you know whether -- do you
13 have a recollection that Publix had a little
14 less than 1% of the overall market share?

15 A. That would be consistent with
16 Publix's market share on other products, opioid
17 or non-opioid.

18 Q. Does this sound like something
19 that you might have said?

20 MS. HILLYER: Objection to form.

21 THE WITNESS: It's very possible
22 and probable that I would have said that
23 Publix is 0.8% market share.

24 BY MR. KIEFFER:

1 Q. And that Teva was trying to
2 capture oxycodone market share?

3 A. Trying to launch a product.

4 Q. Right. And the holding of this
5 order was a concern in relation to that issue?

6 MS. HILLYER: Objection to form.

7 THE WITNESS: The holding of the
8 order -- it would have been a point of
9 friction.

10 BY MR. KIEFFER:

11 Q. Reading on, "Christine said that
12 Publix's forecast closely matched IMS dispensing
13 data, and that was good enough for them and
14 should be good enough for me as well."

15 Do you see that?

16 A. Yes.

17 Q. "I asked if I can get the IMS
18 data, as I explained that the more data we have
19 the better. She agreed. I asked if the IMS
20 data contains prescriber information; Christine
21 said it does not, and that prescriber
22 information would cost 'millions and millions'."

23 Do you see that?

24 A. Yes.

1 Q. And, again, you don't have any
2 memory of this call, right?

3 A. I don't.

4 MS. HILLYER: Are we still on the
5 Publix?

6 MR. KIEFFER: Yes.

7 MS. HILLYER: How many more on
8 that?

9 MR. KIEFFER: A few.

10 MS. HILLYER: We've been going
11 about an hour and 15.

12 MR. KIEFFER: We can take a
13 break.

14 MS. HILLYER: Okay.

15 THE VIDEOGRAPHER: Going off the
16 record at 4:21 p.m.

17 (Brief recess.)

18 THE VIDEOGRAPHER: Back on the
19 record, the time is 4:37 p.m.

20 BY MR. KIEFFER:

21 Q. Ma'am, we're back after a break.
22 Are you ready to proceed?

23 A. Yes.

24 MR. KIEFFER: Can you pull up 850

1 for me.

2 (Document marked for
3 identification as Teva-Baeder Deposition
4 Exhibit No. 30.)

5 THE VIDEOGRAPHER: Going off
6 record, 4:37.

7 (Pause.)

8 THE VIDEOGRAPHER: Back on the
9 record at 4:38 p.m.

10 BY MR. KIEFFER:

11 Q. Okay, Ms. Baeder, we just handed
12 you Exhibit 30. Do you have that in front of
13 you?

14 A. Yes.

15 Q. That's a continuation via e-mail
16 of the discussion of this Publix issue.

17 A. Yes.

18 Q. The e-mail chain has a number in
19 the lower right-hand corner of the first page of
20 01466128. I just have to ask you -- well, I'm
21 just going to cover a very brief portion of this
22 because the vast majority of the rest of it
23 we've already discussed.

24 On the first page there is at the

1 top an e-mail from Colleen McGinn to Karin
2 Shanahan, and it forwards with a note, Mr.
3 Tomkiewicz's previous e-mail to Jocelyn Baker
4 with that additional detail that we reviewed
5 before the break.

6 Do you see that?

7 A. Yes.

8 Q. Okay. And Ms. McGinn states,
9 "More information in response to questions from
10 customer service. Joe offered to meet with
11 Publix to discuss but Christine has refused to
12 let him talk to them."

13 Do you see what I just read?

14 A. Yes.

15 Q. Again, if Mr. Tomkiewicz has
16 indicated that in his conversation with you, you
17 refused to let him meet with Publix, you don't
18 have a memory of that conversation, right?

19 A. I don't, but that's not
20 surprising to me.

21 Q. What's not surprising to you?

22 A. I had a concern with Joe's tone
23 in approaching the issue. I would have been
24 absolutely happy to have Colleen talk to them.

1 Q. Okay. You say you had a concern
2 with Joe's tone in approaching the issue. Joe's
3 tone as somebody in your department
4 characterized or described it to you, right?

5 A. Correct.

6 Q. Okay. So it's certainly very
7 possible you might have refused to let Mr.
8 Tomkiewicz meet with Publix?

9 MS. HILLYER: Objection to form.

10 THE WITNESS: My strong
11 preference would have been for Colleen
12 to take that role.

13 BY MR. KIEFFER:

14 Q. Okay. Did you at any point have
15 an understanding as to why Mr. Tomkiewicz was
16 brought on at Teva?

17 MS. HILLYER: Objection, calls
18 for speculation.

19 THE WITNESS: I wasn't part of
20 the staffing or decision-making around
21 SOMS in any way.

22 BY MR. KIEFFER:

23 Q. Okay. So to the extent there's
24 been other evidence in the case that the prior

1 system before Mr. Tomkiewicz came was
2 rudimentary, had been criticized in a Teva
3 internal audit and that by 2012 Teva had never
4 made a suspicious order report, and those were
5 some of the reasons why Mr. Tomkiewicz was
6 brought on, you wouldn't have any information
7 about those topics?

8 MS. HILLYER: Hold on. Objection
9 to form, assumes facts not in evidence
10 and mischaracterizes documents and
11 testimony.

12 THE WITNESS: I have had no
13 decision-making around SOMS and no
14 knowledge of reports made or not made.

15 I do know that Colleen joined
16 Teva as part of the Cephalon
17 integration, and there was more training
18 and improvements or changes to our
19 program at that time.

20 MR. KIEFFER: Pull up 01791.

21 (Document marked for
22 identification as Teva-Baeder
23 Deposition Exhibit No. 31.)

24 BY MR. KIEFFER:

1 Q. Ma'am, we've just handed you
2 Exhibit 31. This is a Teva document with a
3 number on the first page 01056299. It's a
4 further continuation of the Publix issue.

5 Toward the bottom of the first
6 page, the e-mail from Ms. McGinn to you we have
7 looked at a few minutes ago, where Ms. McGinn
8 indicates she's happy to meet with you and
9 discuss the situation, and she provides some
10 other details, right?

11 A. Correct.

12 Q. And then Ms. McGinn apparently
13 forwards that up to Mr. Tomkiewicz and says "My
14 response Part 3" about two-thirds of the way
15 down the first page.

16 A. Yes.

17 Q. You see that?

18 And then Mr. Tomkiewicz responds
19 back, "It's very nice to see support. Thanks
20 again - it's appreciated."

21 You see that as well?

22 A. I do.

23 Q. And then Ms. McGinn responds,
24 "Again, sorry you were verbally abused so early

1 on a Friday morning but thanks for handling
2 professionally. We will get this straightened
3 out."

4 Do you see that?

5 A. I do.

6 Q. Ms. McGinn certainly seemed to be
7 of the impression, at least based on her
8 involvement, that you had been in some way
9 verbally abusive to Mr. Tomkiewicz.

10 Would you agree?

11 MS. HILLYER: Objection, calls
12 for speculation.

13 THE WITNESS: I don't know if she
14 thought that.

15 BY MR. KIEFFER:

16 Q. And, again, the conversation that
17 they're referencing is the same one we've talked
18 about several times that you don't have a memory
19 of, right?

20 A. I do not have a memory of, nor
21 was Colleen in that conversation.

22 Q. True, right, okay.

23 MR. KIEFFER: All right. Can you
24 pull up 908 for me.

1 (Document marked for
2 identification as Teva-Baeder Deposition
3 Exhibit No. 32.)

4 THE VIDEOGRAPHER: Going off the
5 record, 4:44 p.m.

6 (Pause.)

7 THE VIDEOGRAPHER: Back on
8 record, 4:44 p.m.

9 (Document marked for
10 identification as Teva-Baeder
11 Deposition Exhibit No. 32.)

12 BY MR. KIEFFER:

13 Q. Ma'am, we have just handed you
14 what we've marked as Exhibit 32. This document
15 has a number in the lower right corner. It's a
16 Teva document 01462200. Further continuation of
17 the discussion via e-mail of the Publix issue.
18 I want to ask you about a few things in here.

19 Beginning on the first page of
20 this e-mail, lower half of the page, Mr.
21 Tomkiewicz writes to Ms. McGinn concerning some
22 additional detail based on some research he's
23 done on the Publix issue.

24 You see generally what I'm

1 referring to?

2 A. Yes.

3 Q. He states, "Colleen, on
4 October 27, 2015, I received data concerning
5 oxycodone usage at Publix Super Market, Inc.
6 The data comprised of total dosage units
7 dispensed of all oxycodone tablet SKUs for the
8 month of September 2015 for their top ten
9 locations, along with a list of the top five
10 oxycodone prescribers for each location. The
11 following is an analysis of the data received."

12 He states, "there were ten
13 locations listed," and he provides some numbers,
14 and he says, "All stores are located in the
15 state of Florida. Location 3210 is located on
16 the campus of Moffitt Cancer Center. All
17 3210-listed physicians are associated with MCC;
18 oxycodone products and quantities at 3210 appear
19 to be consistent with a large oncology practice.
20 The balance of the retail locations are typical
21 retail, located inside grocery stores."

22 Then he goes on to state,
23 "Oxycodone IR 30mg data was examined due to its
24 status as a highly sought-after product among

1 abusers, and due to its limited use in retail
2 pharmacies." And then he provides some further
3 breakdown by location number.

4 Do you see that?

5 A. Yes.

6 Q. And then he says, each location
7 with the exception of 0537, oxycodone IR 30mg,
8 the highest strength immediate release oxycodone
9 was the top oxycodone product dispensed. By
10 contrast, at the Moffitt Cancer Center, the top
11 oxycodone dispensed -- oxycodone product
12 dispensed was IR 5mg, the lowest strength
13 non-combination product available.

14 Do you see that as well?

15 A. I do.

16 Q. What he's communicating, broadly
17 speaking, is that this cancer center is
18 distributing the lowest strength oxycodone
19 product, whereas some of these retail locations
20 are dispensing much higher strength product and,
21 in particular, a product that's highly sought
22 after among abusers, right?

23 A. He's -- I mean, he's representing
24 that the cancer centers highest dispensed is the

1 5mg, I think and that the IR 30mg is the highest
2 dispensed in the data.

3 Q. All right. He goes on to state,
4 inquiries into the top prescribers at each
5 location uncovered the following information:
6 For Melbourne, Florida location 202, Dr. Ralph
7 Page, anecdotally appears to be a cash-only pain
8 clinic business (\$140 up-front free) but he
9 holds no pain clinic license.

10 Do you see that?

11 A. I do.

12 Q. Dr. Mahmoud El-Tobgui, he is an
13 OB-GYN who is currently operating pain clinic.
14 Anecdotal evidence suggests that the pain clinic
15 is cash only (\$200 up-front fee for the first
16 visit, \$170 up-front subsequent visits).

17 Do you see that?

18 A. Yes.

19 Q. Dr. Thomas Vellef, he was
20 disciplined for abandoning a previous practice.
21 According to the Treasure Coast Palm, Vellef had
22 a previous practice that had "car loads" of
23 out-of-state patients. His prior landlord
24 refused to renew office space lease due to the

1 appearance of running a pill mill. There is
2 significant anecdotal evidence of pill mill
3 activity with his current practice.

4 For Melbourne, Florida location
5 738, Dr. Mahmoud El-Tobgui, see above,
6 Dr. Thomas Vellef, see above and Dr. Scott
7 Hardoon.

8 Do you see where I'm reading
9 from?

10 A. Yes.

11 Q. With respect to Dr. Hardoon, Mr.
12 Tomkiewicz writes, practice is a family-run
13 (father and brother) clinic whose pain clinic
14 license was revoked by the state. There is
15 anecdotal evidence of a \$600 cash fee to enroll
16 as a pain patient. There is significant
17 anecdotal evidence that former pain patients
18 belonging to Dr. John Gayden (whose license was
19 relinquished due to overprescribing controlled
20 substances and trading prescriptions for sex
21 with underage patients) are now patients at his
22 clinic.

23 Do you see where I'm reading
24 from?

1 A. Yes.

2 Q. For Naples, Florida location 410,
3 Dr. Kevin Sheahan, his pain clinic practice is
4 located in Atlanta, Georgia, which is 628 miles
5 from this store. He relinquished his Florida
6 license in 1998.

7 For North Port, Florida location
8 1287, Dr. Michael Mozzetti, he runs an urgent
9 care clinic that anecdotally doesn't take urgent
10 care or emergency patients. There is
11 significant anecdotally evidence of pill mill
12 activity.

13 Dr. James Porcelli, according to
14 media reports, he abandoned his previous
15 practice in Naples earlier this year without
16 informing his patients or paying his staff.

17 You still see where I'm reading
18 from?

19 A. Yes.

20 Q. For Ocala, Florida location 477,
21 Dr. Naglaa Abdel-Al, her practice is either
22 78.3 miles (according to the DEA) or 40.8 miles
23 (according to Florida license) from the store.
24 She was disciplined in Arizona for abandoning an

1 anesthetized patient in order to inject/abuse a
2 sedative resulting in her overdose.

3 For Ocala, Florida location 0419,
4 Dr. Quing MGaha, her office appears to be
5 116 miles from the store. Let me know your
6 thoughts. Thanks.

7 You see everything I just read?

8 A. Yes.

9 Q. Without focusing on any one of
10 the individuals or locations, that's, by any
11 characterization, concerning information, isn't
12 it?

13 MS. HILLYER: Objection to form
14 and lack of foundation.

15 THE WITNESS: So this is not my
16 subject matter, but, certainly, to a
17 layman it's concerning.

18 BY MR. KIEFFER:

19 Q. To a layman, it sounds like about
20 the sketchiest cast of physician characters
21 handing out pain medications one could kind of
22 imagine, doesn't it?

23 MS. HILLYER: Objection to form.

24 THE WITNESS: To a layman, it

1 does not look like responsible behavior.

2 BY MR. KIEFFER:

3 Q. Okay. And assuming this is
4 accurate, and I understand this is something Mr.
5 Tomkiewicz is reporting by e-mail and you're not
6 in a position to vouch for whether his work is
7 accurate or not, right?

8 A. I don't --

9 MS. HILLYER: Objection to form.

10 THE WITNESS: I have no reason to
11 assume that it's not.

12 BY MR. KIEFFER:

13 Q. Right, fair enough. Thank you.
14 That's where I was going.

15 Assuming that Mr. Tomkiewicz's
16 information as reported here is accurate, his
17 concerns about these orders being suspicious and
18 needing to be held and investigated further
19 would appear to be well-founded, at least at
20 this point; would you agree?

21 MS. HILLYER: Objection to form.

22 THE WITNESS: I would agree.

23 BY MR. KIEFFER:

24 Q. Okay.

1 A. And I also assume that the data
2 that he received was from the customer.

3 Q. From the customer Publix?

4 A. Yes.

5 Q. Okay. Let me read on -- well,
6 strike that.

7 Your assumption that this
8 information -- all the information that I just
9 read about all these doctors you think he got
10 from Publix?

11 A. No, but it said -- says in the
12 first paragraph the data comprised of total
13 dosage units dispensed was one of the requests.

14 Q. Okay.

15 A. As well as their top ten
16 locations, that was one of the data requests, as
17 well as the top five prescribers for each
18 location, that was part of the request for data
19 from the customer.

20 Q. Okay. And so you're assuming
21 that that came -- that information came from
22 Publix?

23 A. Correct.

24 Q. And then he took it from there?

1 MS. HILLYER: Objection to form.

2 THE WITNESS: Correct.

3 BY MR. KIEFFER:

4 Q. Okay. And just to be fair with
5 you, Mr. Tomkiewicz testified, and he testified
6 at least with respect to the detail on these
7 doctors and locations, he then did his own
8 research via Google, the DEA, state medical
9 boards, that kind of thing, all right?

10 MS. HILLYER: There's no question
11 pending.

12 THE WITNESS: Yeah.

13 BY MR. KIEFFER:

14 Q. All right. At the top of Exhibit
15 32, Mr. Tomkiewicz writes to Ms. McGinn, and
16 this is the very beginning of the exhibit,
17 Colleen, based on previous investigations, I
18 think it is highly likely that at a corporate
19 level, Publix is not aware of these issues. We
20 should schedule a face-to-face meeting with the
21 relevant Publix stakeholders to discuss their
22 ongoing prescriber due diligence and related
23 diversion control efforts.

24 Because this primarily involves

1 another company's (Alvogen) product, I am
2 comfortable releasing the product we currently
3 have on hold, provided Publix agrees not to
4 distribute our oxycodone products to these nine
5 locations until they have conducted a review of
6 diversion control efforts at these nine
7 locations and addressed our below concerns.

8 Do you see what I just read
9 there?

10 A. I do.

11 Q. Okay. Do you understand his
12 reference to another company named Alvogen's
13 product?

14 A. I do not.

15 Q. You don't know anything about
16 that?

17 A. I do not.

18 Q. Do you know who Alvogen is?

19 A. I do.

20 Q. Do they make generic opioids?

21 A. They make generic products. I
22 don't know if they make opioids.

23 Q. Do you know whether Teva has in
24 the past sourced generic opioids from Alvogen?

1 A. I do not, off the top of my head,
2 no.

3 MR. KIEFFER: All right. Pull up
4 document 851.

5 (Document marked for
6 identification as Teva-Baeder Deposition
7 Exhibit No. 33.)

8 BY MR. KIEFFER:

9 Q. Ma'am, we've just handed you
10 Exhibit 33. That is a continuation of the
11 discussion about this Publix issue. This
12 document has a Teva number in the lower
13 right-hand corner of the first page 01466151. I
14 just want to ask you about the top portion of
15 the first page because we've reviewed the
16 remainder of the information.

17 This is an e-mail Ms. McGinn
18 writes to Karin Shanahan regarding Publix, and
19 she writes, Hi Karin, FYI - Joe received the
20 requested information from Publix and he found
21 some information that is a little concerning.
22 Of their top 10 stories ordering oxycodone 30mg,
23 all are in Florida. One is located on the
24 campus of a cancer center and the usage is in

1 line with a large oncology practice. The other
2 nine are located in grocery stores and some of
3 the business practices of their top prescribers
4 are questionable. Many seem to be cash only,
5 some have had their licenses revoked and others
6 have practices hundreds of miles from the store
7 location (see Joe's e-mail below for the
8 investigation results).

9 We are meeting with customer
10 service today to review the findings. Our
11 suggestion is that Joe has a F2F meeting -- do
12 you interpret that as face-to-face?

13 A. I do.

14 Q. Our suggestion is that Joe has a
15 face-to-face meeting with the Publix compliance
16 people to review the data. At that point, we
17 can release the order with the caveat that they
18 not to ship to these nine locations until
19 they've conducted a review of diversion control
20 efforts and addressed our concerns. I don't
21 think our request is unreasonable given the
22 information we have and we have taken the steps
23 with another customer in the past.

24 I'm not sure how Christine is

1 going to take the news, so I thought you should
2 know in case Christine or Maureen calls you. I
3 heard they were having a hard time launching
4 this product. If you have any questions, let me
5 know. Thanks, Colleen.

6 You see everything I just read
7 there?

8 A. I do.

9 Q. Do you -- first of all, her
10 statement in the second paragraph, "we are
11 meeting with customer service today to review
12 the findings," would that likely have included
13 you?

14 MS. HILLYER: Objection to form.

15 THE WITNESS: I don't know. I
16 don't remember any phone calls on this
17 issue.

18 BY MR. KIEFFER:

19 Q. Okay. Do you have any memory of
20 any meeting with Ms. McGinn and/or members of
21 her staff about this issue?

22 A. No. I remember the issue, and I
23 don't remember any phone calls.

24 Q. And no meetings as well?

1 A. No, no meetings as well.

2 Q. Okay. This suggestion that Joe,
3 Mr. Tomkiewicz have a face-to-face meeting with
4 the Publix compliance people to review this
5 data, do you remember anything about that issue?

6 A. I do not.

7 Q. Do you remember a request being
8 made of you or your staff that he be permitted
9 to do that?

10 A. I do not.

11 Q. Do you know if such a meeting
12 ever took place?

13 A. I do not.

14 Q. This statement about "I'm not
15 sure how Christine is going to take the news,"
16 she goes on to say "I heard they were having a
17 hard time launching this product." Do you have
18 a memory of having a difficult time launching
19 that particular oxycodone product?

20 A. I do not.

21 Q. One way or the other?

22 A. No, no.

23 Q. You don't remember it being easy,
24 don't remember it being hard?

1 A. No.

2 Q. Just no memory at all?

3 A. No memory at all.

4 Q. Blank slate?

5 A. Blank slate.

6 Q. All right.

7 (Document marked for
8 identification as Teva-Baeder Deposition
9 Exhibit No. 34.)

10 BY MR. KIEFFER:

11 Q. Ms. Baeder, we've just handed you
12 Exhibit 34. It's a further continuation of the
13 Publix oxycodone order issue. This e-mail
14 string has a beginning number in the lower
15 right-hand corner of 01466156. It begins
16 with -- bear with me here, let me direct your
17 attention to the first page of Exhibit 34, about
18 a third of the way down the page, there's an
19 e-mail from Colleen McGinn to you, Michelle
20 Osmian and Jennifer King with a copy to Mr.
21 Tomkiewicz regarding this Publix oxycodone
22 order.

23 Do you see that?

24 A. Yes.

1 Q. There's some data there that's
2 been provided in earlier e-mails we looked at,
3 and if you turn the page, there's a chart that
4 appears to more formally summarize some of the
5 findings that Mr. Tomkiewicz came up with,
6 right?

7 A. Yes, it looks consistent with
8 that.

9 Q. Okay. Underneath that chart,
10 looks like she's kind of cut and pasted Mr.
11 Tomkiewicz's earlier statement about he thinks
12 it's highly likely that at a corporate level
13 Publix is not aware of these issues, and then
14 she goes on to state, "we would like to schedule
15 a face-to-face meeting with the relevant Publix
16 stakeholders to discuss their ongoing prescriber
17 due diligence and related diversion control
18 efforts."

19 Do you see that?

20 A. Yes.

21 Q. You recall, have any recollection
22 of receiving this e-mail?

23 A. No, not specifically.

24 Q. And you don't have any

1 recollection of any discussion about whether a
2 face-to-face meeting with the stakeholders of
3 Publix would be scheduled to discuss Publix's
4 ongoing prescriber due diligence and related
5 diversion control efforts, true?

6 A. No, I have no recollection.

7 Q. All right. If you turn back to
8 the first page of Exhibit 34, the e-mail at the
9 top from Colleen McGinn to Jennifer King,
10 Ms. King reported up to you at the time?

11 A. Yes.

12 Q. She states, we need to have the
13 face-to-face first for any of this to make sense
14 to Publix. We would like to share the
15 information we found and encourage them to
16 review their SOM programs at these stores.

17 Do you see that?

18 A. Yes.

19 Q. And that appears to be in
20 response to a question from Ms. King who wrote
21 "Just to clarify, you will release the product
22 with the letter certifying that Publix will not
23 distribute to these 9 stores even if the
24 face-to-face has not occurred at that time? Or

1 will the face-to-face have occurred before you
2 will release?"

3 Do you see that question?

4 A. I do.

5 Q. And so Ms. McGinn's response
6 appears to be we need the letter certifying that
7 they won't distribute to these 9 stores and we
8 need to have the face-to-face with Publix before
9 we can release the orders, right?

10 MS. HILLYER: Objection.

11 THE WITNESS: I wasn't privy to
12 the e-mail.

13 BY MR. KIEFFER:

14 Q. But that's how you'd interpret
15 it?

16 MS. HILLYER: Objection to form.

17 THE WITNESS: Yes.

18 BY MR. KIEFFER:

19 Q. I mean, it seems fairly clear,
20 right?

21 MS. HILLYER: Objection to form.

22 THE WITNESS: Yes.

23 BY MR. KIEFFER:

24 Q. And, again, you don't have any

1 memory of this issue at all, right?

2 A. I remember the issue. I don't
3 remember -- this is after the data was received,
4 and this part I don't remember.

5 Q. Okay. And my question, because
6 I'm trying to get through things here, my
7 question was probably less precise than it
8 should have been.

9 You remember the issue with
10 Publix kind of at a macro level, right?

11 A. Yes.

12 Q. Okay. So let me ask a more
13 precise question. As it relates to a request by
14 DEA compliance, and specifically Ms. McGinn,
15 that before they were willing to release this
16 order to Publix, they wanted at least two
17 things, one, they wanted a letter from Publix
18 certifying that Publix would not distribute
19 Teva's oxycodone to these nine locations, that's
20 number one.

21 And number two, they wanted to
22 have a face to face meeting involving Teva DEA
23 compliance with folks from Publix in order to
24 explain the data and discuss Publix's ongoing

1 prescriber due diligence and related diversion
2 control efforts, right?

3 A. Correct.

4 Q. And you don't have any memory of
5 those issues, any memory of any request by DEA
6 compliance at Teva for those two things, right?

7 A. I do not.

8 MR. KIEFFER: Pull up 748.

9 (Document marked for
10 identification as Teva-Baeder Deposition
11 Exhibit No. 35.)

12 BY MR. KIEFFER:

13 Q. Ma'am, we have just handed you
14 Exhibit 35. That's a one page e-mail with a
15 Teva number in the lower right-hand corner
16 01462220. This is an e-mail from Mr. Tomkiewicz
17 to Colleen McGinn dated October 30th, 2015, and
18 the subject is "Another Publix Heads Up."

19 Do you see that?

20 A. Yes.

21 Q. All right. He states, "FYI, I
22 received a call from Michelle, Marianne, and
23 Darrell, regarding the currently held oxycodone
24 orders earmarked for Publix through Anda. The

1 initial question was whether the order could be
2 split so that Anda could receive an allotment
3 separate from what was noted as being for
4 Publix. I told them that I had no problem with
5 that as long as Anda agreed that none of the
6 product would go to Publix until we gave them
7 the ok.

8 Unfortunately, Michelle was
9 rather adamant that we couldn't tell any of our
10 customers to restrict sales of any of our
11 product to any of their customers and indicated
12 that she would be appealing to Christine."

13 Do you see what I just read
14 there?

15 A. I do.

16 Q. Do you have any memory of this
17 issue?

18 A. I do not.

19 MS. HILLYER: Objection to form.

20 BY MR. KIEFFER:

21 Q. I'm assuming, based upon our
22 discussion of earlier today about some of the
23 folks that report up to you as well as the
24 e-mails we've looked at regarding this Publix

1 issue, the Michelle referenced here is likely
2 Michelle Osmian?

3 MS. HILLYER: Objection to form.

4 THE WITNESS: Yes.

5 BY MR. KIEFFER:

6 Q. That's how you'd interpret it?

7 A. Yes.

8 Q. And the Marianne is Marianne
9 Geiger?

10 A. Yes.

11 Q. And who's Darrell?

12 A. Darrell Little.

13 Q. And what was his role?

14 A. He was part of Michelle's team.

15 He's had several roles over the years. I don't
16 remember where he was then.

17 Q. You know whether Michelle Osmian
18 would have communicated to Mr. Tomkiewicz in
19 connection with this Publix issue that we, Teva,
20 could not tell any of your customers to restrict
21 sales to any -- of any of your product to any of
22 their customers?

23 MS. HILLYER: Objection, calls
24 for speculation.

1 THE WITNESS: Yeah, I don't know.

2 BY MR. KIEFFER:

3 Q. Regardless, it looks like at
4 least as of October 30th, 2015 with the various
5 information in hand that was gathered as a
6 result of Mr. Tomkiewicz's investigation, at
7 least on the face of this e-mail, there was some
8 urgency by folks in your part of the enterprise
9 to get this Publix order released, true?

10 MS. HILLYER: Objection to form,
11 hold on, calls for speculation and
12 mischaracterizes the document.

13 THE WITNESS: I don't read it
14 that way. I read that they're trying to
15 get Anda product outside of the demand
16 for Publix.

17 BY MR. KIEFFER:

18 Q. All right. And Mr. Tomkiewicz is
19 saying, that's okay with me, but I need
20 assurance basically that Anda is not going to
21 give it to Publix through the back door and it's
22 not going to end up in the hands of these nine
23 problem prescribers, right?

24 MS. HILLYER: Objection to form

1 and calls for speculation. She is not
2 on this document. She doesn't know what
3 Joe meant.

4 MR. KIEFFER: I understand that.

5 BY MR. KIEFFER:

6 Q. And, ma'am, believe me, if you
7 look at this and tell me I have no idea what's
8 being communicated here, I'll accept that. I
9 took it from your last answer that you felt like
10 you could kind of interpret the gist of the
11 exchange here, so with that in mind, is that --
12 what's your understanding of what Mr. Tomkiewicz
13 is communicating he's willing to do?

14 MS. HILLYER: Same objections.

15 THE WITNESS: I don't know what
16 Joe -- Joe is saying my team is asking
17 is there a way to get Anda product
18 outside of this issue with Publix.

19 BY MR. KIEFFER:

20 Q. And it appears that in the first
21 paragraph Mr. Tomkiewicz addresses that and says
22 with respect to whether the order could be split
23 so that Anda could receive a separate allotment,
24 he says, I told them I had no problem with that

1 as long as Anda agreed that none of the product
2 would go to Publix until we gave them the okay,
3 right?

4 MS. HILLYER: Objection to form.

5 THE WITNESS: That's what the
6 e-mail says.

7 BY MR. KIEFFER:

8 Q. Okay. And at least his report at
9 that point is that Michelle Osmian was rather
10 adamant that we couldn't tell any of our
11 customers to restrict sales of any of our
12 product to any of their customers, at least
13 that's what he's written here, right?

14 A. That's what he's written.

15 Q. Okay. Do have a specific
16 recollection of telling Michelle Osmian or
17 anyone on your staff that you could not tell any
18 of your customers to restrict sales of any of
19 Teva's product to any of their customers?

20 A. I do not.

21 Q. Is it possible you told her that?

22 MS. HILLYER: Objection to form,
23 calls for speculation.

24 THE WITNESS: I don't remember

1 doing that.

2 BY MR. KIEFFER:

3 Q. Ma'am, did I understand you
4 earlier to say that you don't know what
5 ultimately was done with respect to this Publix
6 order that had raised red flags and suspicious
7 order monitoring and prompted this exchange that
8 we've gone through? You don't know what
9 ultimately was done with that order; is that
10 right?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: I may have known at
13 the time. I don't recall now.

14 BY MR. KIEFFER:

15 Q. Okay. Do you -- you don't know
16 whether Mr. Tomkiewicz or DEA compliance ever
17 received the written assurance that they had
18 asked for that Publix would not distribute
19 product to the nine suspicious locations, right?

20 MS. HILLYER: Objection to form.

21 THE WITNESS: I don't recall.

22 BY MR. KIEFFER:

23 Q. You don't know whether DEA
24 compliance ever got the face-to-face meeting

1 that they had requested with stakeholders at
2 Publix to discuss Publix's due diligence efforts
3 and diversion prevention and control program,
4 right?

5 MS. HILLYER: Objection to form.

6 THE WITNESS: I do not recall.

7 BY MR. KIEFFER:

8 Q. Were you aware that no report was
9 ever made by Teva to the DEA that these orders
10 were suspicious?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: I have no
13 visibility nor have ever had visibility
14 to which orders trigger reporting to the
15 DEA.

16 BY MR. KIEFFER:

17 Q. Okay. So your answer is if Teva
18 made -- if Mr. Tomkiewicz testified that Teva
19 never made a report to the DEA of a suspicious
20 order in relation to these prescribers that were
21 associated with Publix, today is the first time
22 you've heard that?

23 A. Yes.

24 MS. HILLYER: Objection to form.

1 MR. KIEFFER: Let's take a break
2 for a minute, if we can.

3 THE WITNESS: To my recollection.

4 THE VIDEOGRAPHER: Going off the
5 record at 5:15 p.m.

6 (Brief recess.)

7 THE VIDEOGRAPHER: Back on the
8 record, the time is 4:24 p.m. --
9 5:24 p.m.

10 BY MR. MADDEN:

11 Q. Ms. Baeder, I'm Brian Madden. I
12 also represent the plaintiffs in this
13 litigation. You have in your stack an Exhibit
14 18. Could you pull that out, please, or look on
15 the screen, if it's easier for you.

16 A. Give me a minute. I can't read
17 that without my glasses, and I can't read that
18 with my glasses.

19 Q. Okay. All right. As I
20 understand it, in your current role and for most
21 of your role with Teva, you've worked with the
22 generic products, correct?

23 A. Correct.

24 Q. And you're familiar in that role

1 with the generic Teva products that are opioids,
2 right?

3 A. I am.

4 Q. Okay. So we --

5 A. In a general sense, yes.

6 Q. All right. So we have this
7 document 18 that has this paragraph at the
8 bottom that says "Teva products include" and
9 then it lists a bunch of products.

10 Do you see those?

11 A. Yes.

12 Q. All right. Do you recognize all
13 of those products as being either current or at
14 some time Teva opioid products?

15 MS. HILLYER: Objection to form.

16 THE WITNESS: I don't recognize
17 them all, but I recognize the vast
18 majority, although some are not generic.

19 BY MR. MADDEN:

20 Q. Okay. Some of those are branded?

21 A. Correct.

22 Q. All right. One of the listed
23 products is oxycodone you talked about earlier,
24 correct?

1 A. Correct.

2 Q. And I believe in your earlier
3 testimony, you identified oxycodone as a product
4 that was manufactured by Purdue but marketed by
5 Teva, correct?

6 MS. HILLYER: Objection to form.

7 THE WITNESS: Oxycodone ER, yes.

8 BY MR. MADDEN:

9 Q. All right. If you know, can you
10 tell me the business reason that Purdue would
11 manufacture oxycodone ER to be marketed by Teva
12 to third party buyers?

13 MS. HILLYER: Objection, calls
14 for speculation as to Purdue.

15 THE WITNESS: Yeah, I don't know
16 why Purdue would do that.

17 BY MR. MADDEN:

18 Q. Does Purdue sell directly to
19 buyers its oxycodone ER generic?

20 MS. HILLYER: Objection, calls
21 for speculation.

22 BY MR. MADDEN:

23 Q. To your knowledge?

24 A. To my knowledge, no, I don't

1 know.

2 Q. You don't know one way or the
3 other?

4 A. Yeah, I don't know.

5 Q. You talked about the quotas that
6 the DEA has put into effect in recent times with
7 regard to opioids, right?

8 A. We talked about DEA quota, yes.

9 Q. Right. Does Purdue manufacture
10 oxycodone ER and market it through Teva to avoid
11 those quotas?

12 MS. HILLYER: Objection, calls
13 for speculation.

14 THE WITNESS: I have no idea
15 what's involved in the rules around
16 getting quota granted. It's never been
17 part of my job responsibility.

18 BY MR. MADDEN:

19 Q. So are you telling me, as you sit
20 here today, all you know is that oxycodone ER is
21 manufactured by Purdue but marketed by Teva to
22 third party buyers; that's the extent of your
23 knowledge?

24 MS. HILLYER: Objection to form,

1 mischaracterizes her testimony.

2 THE WITNESS: I know that Purdue
3 manufactures product, ships it to Teva,
4 and we sell it to buyers, yes.

5 BY MR. MADDEN:

6 Q. So the question is why does
7 Purdue use Teva to market to those buyers as
8 opposed to marketing directly to those buyers;
9 do you know the answer to that question?

10 MS. HILLYER: Objection, calls
11 for speculation and now asked and
12 answered I think at least twice before,
13 but you can answer again.

14 THE WITNESS: I don't know why
15 Purdue chose to do that.

16 BY MR. MADDEN:

17 Q. All right. In this list of Teva
18 marketed generic products that we're looking at,
19 I see in the top line buprenorphine. Do you see
20 that?

21 A. Yes.

22 Q. What is that product?

23 A. Straight buprenorphine I'm not as
24 familiar with. Buprenorphine Naloxone is for

1 the treatment of addiction, I think
2 buprenorphine is too, but I'm not positive.

3 Q. Buprenorphine is indicated for
4 the treatment of addiction to narcotics,
5 correct?

6 MS. HILLYER: Objection to the
7 extent it calls for speculation.

8 THE WITNESS: Again, I'm not as
9 familiar with straight buprenorphine.
10 Buprenorphine Naloxone is definitely
11 indicated for that.

12 BY MR. MADDEN:

13 Q. All right. And is that a product
14 that Teva markets?

15 A. Yes.

16 Q. Okay. So Teva markets generic
17 opioids and a product that's indicated for the
18 treatment of addiction to those opioids,
19 correct?

20 MS. HILLYER: Objection to form.

21 THE WITNESS: Teva markets a
22 product for the treatment of opioids,
23 prescription or otherwise.

24 BY MR. MADDEN:

1 Q. For the treatment of opioid
2 addiction?

3 A. Opioid addiction, prescription or
4 otherwise.

5 Q. All right. How about Naloxone,
6 do you know what that product is?

7 A. It's in the same family.

8 Q. Okay. Do you recognize Naloxone
9 as being a reversal agent for opioid overdose?

10 MS. HILLYER: Objection to form.

11 THE WITNESS: Naloxone is used in
12 the treatment of opioids. I don't know
13 that I would have known that it was for
14 overdose.

15 BY MR. MADDEN:

16 Q. All right. Have you ever heard
17 the term Narcan?

18 A. I have.

19 Q. What's Narcan?

20 A. Narcan is a spray that is used
21 for the treatment of overdose.

22 Q. All right. Does Teva market any
23 product such as Narcan?

24 MS. HILLYER: Objection to form.

1 THE WITNESS: I don't -- I don't
2 think there is a generic Narcan yet.

3 BY MR. MADDEN:

4 Q. So this Buprenorphine and
5 Naloxone sublingual tablets, can you tell me
6 what that is?

7 A. That's used for the treatment of
8 opioid addiction, to my knowledge. Again, I'm
9 not a doctor, and my job is not specific to
10 product indication, so I have sort of a layman's
11 knowledge.

12 Q. All right. The second line we
13 have a product listed call Naloxone sublingual
14 tablets. I'll represent to you that Naloxone is
15 another name for Narcan.

16 Are you familiar with that?

17 MS. HILLYER: Objection, assumes
18 facts not in evidence.

19 THE WITNESS: In a layman's
20 sense.

21 BY MR. MADDEN:

22 Q. All right. Does that indicate to
23 you that Teva markets an opioid reversal agent
24 in Naloxone sublingual tablets?

1 MS. HILLYER: Objection.

2 THE WITNESS: In a layman's

3 sense. I'm not familiar with the drug

4 specifically.

5 BY MR. MADDEN:

6 Q. So would you agree with me that

7 Teva, at least according to this list, markets

8 generic opioids and also markets opioid reversal

9 agents and opioid addiction treatments that are

10 generics?

11 MS. HILLYER: Objection to form.

12 THE WITNESS: Yes.

13 BY MR. MADDEN:

14 Q. And do you know what market share

15 Teva has with regard to those opioid reversal

16 agents and opioid addiction treatments in the

17 generic market?

18 A. It would change month over month.

19 Q. Can you give me a ballpark?

20 A. No.

21 Q. Who were your buyers of those

22 reversal agents and opioid treatment agents?

23 A. I could not tell you specifically

24 which customers buy which products.

1 Q. There was a unbranded marketing
2 campaign called Pain Matters. Are you familiar
3 with that?

4 A. I have a very, very limited
5 knowledge. I am aware there was an unbranded
6 campaign.

7 Q. Did you have any role or
8 responsibility with regard to the Pain Matters
9 campaign?

10 A. No.

11 Q. Did you ever gain an
12 understanding or did anybody ever tell you that
13 the Pain Matters campaign supported the generic
14 portfolio?

15 MS. HILLYER: Objection, assumes
16 facts not in evidence.

17 THE WITNESS: No, I'm not
18 familiar with it in that level of
19 detail.

20 BY MR. MADDEN:

21 Q. The Vantrela ER was an abuse
22 deterrent opioid, correct?

23 A. That's my understanding.

24 Q. Right. And from your earlier

1 testimony, I understand that Vantrela never
2 launched, correct?

3 A. That's correct.

4 Q. I have a PowerPoint here where
5 you're listed as being on the core team for
6 Vantrela ER strategic launch plan.

7 Do you have a memory of being on
8 that core team?

9 MS. HILLYER: Objection, assumes
10 facts not in evidence and
11 mischaracterizes the document.

12 THE WITNESS: I remember
13 attending one workshop relative to
14 Vantrela ER.

15 BY MR. MADDEN:

16 Q. All right. There's also
17 reference to a advocacy summit.

18 Do you recall participating in an
19 advocacy summit in 2013?

20 MS. HILLYER: Objection, assumes
21 facts not in evidence.

22 THE WITNESS: Again, I remember
23 one workshop. I don't know which of
24 those forums it may have been, and there

1 were patients that came in to speak
2 about their legitimate pain and the
3 stigmatization associated with pain
4 patients, that was -- that they were
5 experiencing.

6 BY MR. MADDEN:

7 Q. What role, if any, did you play
8 with regard to the alliance?

9 MS. HILLYER: Objection to form.
10 What alliance?

11 THE WITNESS: I don't know what
12 the alliance is.

13 BY MR. MADDEN:

14 Q. I'm trying to get your witness
15 out of here, and you're objecting because I'm
16 not going through documents with her. Do you
17 want me to go through documents with her?

18 MS. HILLYER: You have seven
19 hours, you can do with it what you want.
20 I just --

21 MR. MADDEN: Let's pull up
22 exhibit -- document number 1781.

23 (Document marked for
24 identification as Teva-Baeder Deposition

1 Exhibit No. 36.)

2 BY MR. MADDEN:

3 Q. All right, Ms. Baeder, I'm going
4 to hand you Exhibit 36, which has a beginning
5 Bates number of TEVA_MDL_A_08771331.

6 MS. HILLYER: Brian, do you have
7 the cover e-mail to this?

8 MR. MADDEN: I do not, but I can
9 show you where her name appears in here.

10 BY MR. MADDEN:

11 Q. So, Ms. Baeder, I'm going to
12 point your attention to page 7, please.

13 Do you see there that you're
14 listed as part of the core team for Vantrela ER
15 Governance Structure?

16 A. I do.

17 MS. HILLYER: Objection to form.

18 BY MR. MADDEN:

19 Q. What did you do as a member of
20 the core team for Vantrela ER?

21 MS. HILLYER: Objection to form.

22 THE WITNESS: Again, I don't have
23 any recollection of any Vantrela ER
24 meetings with the exception of one --

1 one or one and a half day workshop.

2 BY MR. MADDEN:

3 Q. Let's go to page 16 in this
4 exhibit, please.

5 Do you see the slide that says
6 "'Pain Matters' Impact"?

7 A. Yes.

8 Q. All right. And then it lists the
9 Discovery Channel with a bar graph that says
10 "Efforts are being made to find now ways to
11 manage chronic pain."

12 Do you see that languages?

13 A. I do.

14 Q. Do you have an understanding that
15 the Pain Matters campaign addressed chronic
16 pain?

17 MS. HILLYER: Objection. Assumes
18 facts not in evidence, calls for
19 speculation, lack of foundation.

20 THE WITNESS: Yeah, I don't, I
21 don't.

22 BY MR. MADDEN:

23 Q. What chronic pain products did
24 Teva market in December of 2013 when this

1 PowerPoint was put together?

2 MS. HILLYER: Objection. Are you
3 talking about brand or generic?

4 MR. MADDEN: Both.

5 BY MR. MADDEN:

6 Q. What chronic pain --

7 A. I don't have an appreciation of
8 which generic drugs are indicated for chronic
9 pain, if any.

10 Q. Can you tell me what Teva branded
11 products were indicated for chronic pain in
12 December of 2013?

13 A. I can't. I'm not an expert on
14 the indications of our drugs.

15 Q. Okay. Let's go to page 31 of
16 this exhibit, please.

17 You see this slide has a
18 reference to the Alliance to Prevent the Abuse
19 of Medicines?

20 A. I do.

21 Q. Did you have any role with regard
22 to the Alliance?

23 A. Not that I recall.

24 Q. All right. The Alliance lists

1 partners that include Cardinal Health, CVS
2 Caremark, Prime Therapeutics.

3 Do you see that?

4 A. I do.

5 Q. Those were, in your reference,
6 customers on the generic side, correct?

7 MS. HILLYER: Objection to form.

8 THE WITNESS: They are customers
9 on the generic side.

10 BY MR. MADDEN:

11 Q. And as a person who is at a high
12 level on the generic side, you were never made
13 aware of this Alliance?

14 MS. HILLYER: Objection to the
15 form.

16 THE WITNESS: In 2000 and
17 whenever this was, '13 --

18 BY MR. MADDEN:

19 Q. Right.

20 A. -- there was a brand CEO and a
21 generic CEO, and there was very imperfect
22 communication across. So I may have been aware,
23 but I don't remember having any action items,
24 and I don't recall at this point if I was aware

1 or not.

2 Q. Did you ever attend any Alliance
3 meetings with your customers?

4 MS. HILLYER: Objection to form.

5 THE WITNESS: Not that I recall.

6 BY MR. MADDEN:

7 Q. Do you know what the function of
8 the Alliance was with regard to Teva and its
9 customers?

10 MS. HILLYER: Objection, calls
11 for speculation.

12 THE WITNESS: No, I don't recall.

13 MR. MADDEN: Let's go to document
14 1876.

15 (Document marked for
16 identification as Teva-Baeder Deposition
17 Exhibit No. 37.)

18 BY MR. MADDEN:

19 Q. Mark it as Exhibit 37. It has a
20 Bates number of TEVA_MDL_A_12714027.

21 Ms. Baeder, do you see this
22 e-mail from Dolly Judge to you and others dated
23 October 26, 2017?

24 A. Yes.

1 Q. All right. What was Ms. Judge's
2 role with the company?

3 A. She works in government affairs.

4 Q. The subject is "Trump Declaration
5 on Opioids."

6 Do you see that?

7 A. Yes.

8 Q. It then goes on to say, "The
9 President issued his long-awaited emergency
10 declaration on the opioid epidemic today. As
11 you will recall, the Christie Commission on
12 Opioid Abuse recommended the President declare a
13 state of emergency on the epidemic of opioid
14 abuse to highlight the importance of the issue
15 and to focus government resources at solutions
16 and treatment."

17 It then goes on in the next
18 paragraph to discuss the amount of money that
19 has been spent at the federal level and the
20 funding levels of \$1 billion on the opioid
21 crisis since the president took office with
22 roughly \$500 million for drug addiction response
23 efforts.

24 Do you see that?

1 A. Yes.

2 Q. Do you recall receiving this
3 e-mail?

4 A. I don't specifically recall. I
5 was aware of the Christie Commission.

6 Q. All right. Did Ms. Judge or
7 anyone else within the company forward to you
8 the Christie Commission findings or the
9 President's report?

10 A. I don't specifically remember
11 that.

12 Q. Okay.

13 A. It's possible.

14 Q. It's possible.

15 Because at this time in October
16 of 2017, what's your role with the company?

17 A. October of 2017, senior vice
18 president of customer marketing operations.

19 Q. Okay. And as a senior vice
20 president, you oversaw the generic portfolio
21 that included opioids, right?

22 A. I oversaw certain functions in
23 regard to the generic portfolio.

24 Q. And Ms. Judge included you on

1 this e-mail regarding the Trump declaration on
2 opioids, right?

3 A. Yes.

4 Q. Let's go to document 6002,
5 paragraph 8.

6 (Document marked for
7 identification as Teva-Baeder Deposition
8 Exhibit No. 38.)

9 BY MR. MADDEN:

10 Q. All right, Ms. Baeder, I hand you
11 Exhibit 38. This is a copy of the President's
12 Commission on Combating Drug Addiction and the
13 Opioid Crisis, which includes the Christie
14 report.

15 Have you seen any part of this
16 before today?

17 A. I believe I have read some
18 excerpts.

19 Q. Okay.

20 A. I certainly have not read it
21 cover to cover.

22 Q. All right. And I'm not going to
23 ask you about the whole document, but some
24 excerpts, to be fair.

1 So let's go to Appendix 3 in this
2 document, which is at page 115. Appendix 3 is
3 the interim report prepared by Governor
4 Christie's group.

5 Have you -- is this part of what
6 you had read before today?

7 A. I would have to read it all to
8 see if there are excerpts that are familiar.

9 Q. Let me ask you about some
10 specific pieces of this to see whether you're
11 aware of it.

12 In the third paragraph of page
13 115, it says, according to the Centers for
14 Disease Control, the most recent data estimates
15 that 142 Americans die every day from a drug
16 overdose. Our citizens are dying. We must act
17 boldly to stop it. The opioid epidemic we are
18 facing is unparalleled. The average American
19 would likely be shocked to know that drug
20 overdoses now kill more people than gun
21 homicides and car crashes combined.

22 Do you see that language?

23 A. Yes.

24 Q. Have you seen that language

1 before today?

2 MS. HILLYER: Objection to form.

3 THE WITNESS: No.

4 BY MR. MADDEN:

5 Q. Okay. Let's go further down in
6 that paragraph. About three-quarters of the way
7 down, there's a sentence that says, "In 2015,
8 nearly two-thirds of drug overdoses were linked
9 to opioids like Percocet, OxyContin, heroin and
10 fentanyl."

11 How about that information, were
12 you aware of that before today?

13 MS. HILLYER: Objection to form.

14 THE WITNESS: No.

15 BY MR. MADDEN:

16 Q. Okay. And then the last sentence
17 says, "In fact, in 2015, the amount of opioids
18 prescribed in the US was enough for every
19 American to be medicated around the clock for
20 three weeks."

21 How about that information?

22 MS. HILLYER: Objection to form.

23 THE WITNESS: No.

24 BY MR. MADDEN:

1 Q. Okay. Would you agree that Teva
2 as a marketer of generic opioids contributes to
3 that amount --

4 MS. HILLYER: Objection.

5 BY MR. MADDEN:

6 Q. -- of opioids which are
7 prescribed to medicate every American around the
8 clock for three weeks?

9 MS. HILLYER: Objection to form.

10 THE WITNESS: Teva does not
11 prescribe drugs.

12 BY MR. MADDEN:

13 Q. Right. Teva markets the drugs
14 that get prescribed to Americans, correct?

15 MS. HILLYER: Objection to form.

16 THE WITNESS: Teva generics
17 supplies drugs as an option in the
18 supply chain.

19 BY MR. MADDEN:

20 Q. Right. So Teva's in the supply
21 chain for opioids, correct?

22 A. Correct.

23 Q. And that supply chain, at least
24 in 2015, contributed enough opioids to medicate

1 every American around the clock for three weeks.

2 Do you see that information?

3 MS. HILLYER: Objection to form
4 and mischaracterizes the document.

5 THE WITNESS: I see the sentence
6 in the paragraph.

7 BY MR. MADDEN:

8 Q. And my question to you is has
9 anyone at Teva informed you about that
10 information that we see here in this government
11 report?

12 A. Not that specific statistic, no.

13 Q. Let's go down to the next
14 sentence in that fourth paragraph. It says,
15 "Since 1999, the number of opioid overdoses in
16 America have quadrupled according to the CDC.
17 Not coincidentally, in that same period, the
18 amount of prescription opioids in America have
19 quadrupled as well."

20 You see that language?

21 A. I do.

22 Q. That correlation between opioid
23 prescriptions and opioid overdoses, has that
24 been brought to your attention before today by

1 Teva?

2 MS. HILLYER: Objection to form.

3 THE WITNESS: No.

4 BY MR. MADDEN:

5 Q. Okay. Let's go in this same
6 document to pages 20 and 21. Start at page 20.

7 The commission listed
8 "Contributors to the Current Crisis," and if you
9 look at the third bullet point on page 20, the
10 commission lists "the opioid pharmaceutical
11 manufacturing and supply chain industry" as a
12 contributor to the current crisis.

13 Have you seen this before today?

14 A. No.

15 Q. In the last paragraph there on
16 page 20 it says, "To this day, the opioid
17 pharmaceutical industry influences the nation's
18 response to the crisis. For example, during the
19 comment phase of the guideline developed by the
20 Centers for Disease Control and Prevention (CDC)
21 for pain management, opposition of the guideline
22 was more common among organizations with funding
23 from opioid manufacturers than those without
24 funding from the life sciences industry."

1 Do you see that?

2 A. I see that.

3 Q. Are you aware of whether Teva
4 directly or indirectly attempted to influence
5 those CDC guidelines for pain management?

6 MS. HILLYER: Objection, calls
7 for speculation.

8 THE WITNESS: Yeah, I have no
9 idea.

10 BY MR. MADDEN:

11 Q. Do you recall receiving any
12 information about that?

13 A. I don't recall that.

14 MR. MADDEN: Okay. Let's look at
15 document 1786.

16 (Document marked for
17 identification as Teva-Baeder Deposition
18 Exhibit No. 39.)

19 BY MR. MADDEN:

20 Q. Hand you Exhibit 39. Exhibit 39
21 is an e-mail string that includes you regarding
22 Teva response to CDC guidelines on chronic pain.

23 Do you recall this e-mail string
24 in September of 2015?

1 A. I don't recall.

2 Q. If we look at page 1, in the
3 middle of page 1, there's an e-mail from Penny
4 Levin dated September 16, 2015 to you and others
5 regarding a teleconference regarding Teva's
6 response to CDC guidelines on chronic pain.

7 Do you recall participating in
8 that teleconference?

9 A. I don't recall.

10 Q. Who is Ms. Levin?

11 A. I don't know.

12 Q. Don't know.

13 It then says, "All, please find
14 attached the draft letter the Alliance to
15 Prevent Abuse of Medicine is preparing to submit
16 to CDC."

17 Do you see that language?

18 A. I do.

19 Q. And then we have the attachment
20 further back at Bates number 03550273, you see a
21 September 17, 2015 attachment from the Alliance
22 to Prevent the Abuse of Medicines?

23 A. I'm sorry, could you direct me
24 again.

1 Q. Sure. It's the last three pages.

2 A. This?

3 Q. Yes.

4 A. Okay.

5 Q. Have you seen this letter before
6 today as the attachment that was forwarded to
7 you?

8 MS. HILLYER: Take a minute to
9 look it over.

10 THE WITNESS: I don't recall
11 seeing it.

12 BY MR. MADDEN:

13 Q. If you received an e-mail like
14 this that asked you to review a document, would
15 you typically review it?

16 MS. HILLYER: Objection to form,
17 mischaracterizes the document.

18 THE WITNESS: I don't know how to
19 answer that question.

20 BY MR. MADDEN:

21 Q. Okay. You don't know one way or
22 the other today whether you reviewed this
23 attachment; is that your answer?

24 A. That is my answer.

1 Q. Okay. If we go to the attachment
2 letter, the proposed letter that was forwarded
3 to you and look at the second paragraph, the
4 second sentence in that paragraph says, "The
5 current trajectory of nonmedical abuse of
6 prescription opioids, and the diversion of these
7 important medicines from their intended purpose,
8 is unacceptable."

9 Further down in that paragraph it
10 lists some statistics, and then it says, "These
11 statistics are troubling and we believe this is
12 a public health epidemic that must be addressed
13 with viable solutions take curb abuse and
14 overdose, while ensuring that patients in
15 legitimate need of pain medication have
16 appropriate access."

17 Do you see that?

18 A. I do.

19 Q. So there you would agree with me
20 that this proposed letter sent -- that was
21 proposed to be sent to the CDC identified the
22 opioid crisis as a public health epidemic; would
23 you agree with that?

24 MS. HILLYER: Objection to form.

1 THE WITNESS: I agree that that's
2 what the letter says, but I don't -- I'm
3 not familiar with the National Center
4 for Injury Prevention and Control or the
5 Alliance to Prevent the Abuse of
6 Medicines. I don't have any
7 recollection of that.

8 BY MR. MADDEN:

9 Q. But you would agree with me that
10 the President's commission identified your
11 industry as a contributor to the opioid crisis
12 and included reference to opposition to the CDC
13 guidelines, which is what we have here in this
14 e-mail that was sent to you, right?

15 MS. HILLYER: Objection,
16 mischaracterizes the document and lack
17 of foundation as to that document.

18 THE WITNESS: Yeah, I -- before I
19 could answer that, I would really need
20 to read this completely, as well as this
21 report completely.

22 BY MR. MADDEN:

23 Q. Okay. Well, let's go to page 2
24 of this letter, proposed letter, which is Bates

1 number 03550274, and about three-quarters of the
2 way down it says, "As you may know, the Alliance
3 has released a solutions framework and has been
4 in dialogue with policymakers about our
5 framework and how to build these foundational
6 elements into a comprehensive approach to
7 address prescription drug abuse. The Alliance's
8 framework includes the following, and we hope to
9 have an opportunity to discuss these concepts
10 and others in more detail with you in the
11 context of opioid prescribing guidelines," and
12 then it lists some bullet points. The third
13 bullet point is a "deployment of abuse deterrent
14 technology," right?

15 A. Yes.

16 Q. And Teva had been working on
17 abuse deterrent technology in the form of
18 Vantrela ER, right?

19 A. Yes.

20 Q. They didn't launch Vantrela ER,
21 did they?

22 A. No.

23 Q. And you were listed on the
24 PowerPoint as a core team member for Vantrela,

1 right?

2 MS. HILLYER: Objection to form.

3 THE WITNESS: I'm listed on a

4 PowerPoint, correct.

5 BY MR. MADDEN:

6 Q. Right, and as a core -- well, you
7 were listed as a core team member, right?

8 MS. HILLYER: Objection, lack of
9 foundation as to the document. There
10 was no indication that she saw it,
11 received it, wrote it, that it was
12 final, anything.

13 BY MR. MADDEN:

14 Q. Were you or were you not listed
15 as a core team member for Vantrela ER?

16 MS. HILLYER: Same objections.

17 BY MR. MADDEN:

18 Q. On that document we looked at?

19 A. Again, I remember one workshop, a
20 day, a day and a half relative to Vantrela ER.

21 Q. Okay. So as a core team member
22 for the Vantrela ER product, which was designed
23 to address the opioid crisis, you went to a day
24 or a day and a half workshop; is that your

1 testimony?

2 MS. HILLYER: No,
3 mischaracterizes her testimony, assumes
4 facts not in evidence.

5 BY MR. MADDEN:

6 Q. Did you do anything with regard
7 to Vantrela ER other than go to a day or day and
8 a half meeting?

9 A. Not that I can recall now.

10 Q. All right. Let's -- if you will,
11 let's go back to the President's commission
12 report, page 6. The top paragraph on page 6,
13 this is in Governor Christie's letter to the
14 president says, "You've met hundreds of parents
15 who have buried their children, so these numbers
16 are no longer simply statistics. Instead, they
17 represent the injured student-athlete who
18 becomes addicted after first prescription,
19 ending her academic and athletic career, the
20 newborn infant who is red and screaming from
21 withdrawal pain, the grandparents using their
22 retirement savings to raise young kids when the
23 parents can't, the mom who just buried her only
24 son, and the addict who cycles in and out of

1 jail, simply because without access to treatment
2 he is unable to stay sober and meet the terms of
3 his parole."

4 You see that language?

5 A. I do.

6 Q. Do you personally know any of
7 those stories?

8 MS. HILLYER: Objection to form.

9 BY MR. MADDEN:

10 Q. With regard to opioids?

11 A. Directly?

12 Q. Yes.

13 A. No.

14 Q. Have you heard of that indirectly
15 of families who are dealing with those issues
16 with regard to opioids?

17 MS. HILLYER: Objection to form,
18 vague.

19 THE WITNESS: I have heard
20 stories.

21 BY MR. MADDEN:

22 Q. Okay.

23 A. I don't specifically ask if, you
24 know -- if it's an opioid addiction.

1 Q. All right. Well, sounds to me
2 like you grew up in Ohio, right?

3 MS. HILLYER: Objection to form.

4 THE WITNESS: I lived in Ohio
5 until I was four and then moved back to
6 Ohio when I was 16ish.

7 BY MR. MADDEN:

8 Q. And you lived in the Dayton area
9 at some point?

10 A. I lived in the Dayton area after
11 I graduated college.

12 Q. Have you been back to Dayton in
13 the last ten years?

14 A. No.

15 Q. Do you understand Dayton is hard
16 hit by the opioid crisis?

17 MS. HILLYER: Objection to form
18 and assumes facts not in evidence.

19 THE WITNESS: I have no existing
20 relationship with Dayton or people in
21 Dayton.

22 BY MR. MADDEN:

23 Q. Do you understand Ohio, in
24 general, is hard hit by the opioid crisis?

1 MS. HILLYER: Same objections.

2 THE WITNESS: Yeah, I don't have
3 any knowledge of relative impact state
4 by state.

5 MR. MADDEN: Let's go to page 7
6 of the President's report.

7 BY MR. MADDEN:

8 Q. At page 7, and I'll point you
9 below the bullet point, first full paragraph,
10 the last sentence says, "We recommended that all
11 law enforcement officers across the country be
12 equipped with life-saving naloxone."

13 A. I'm sorry. I'm not following,
14 where are you?

15 Q. I'm on page 7.

16 A. Yes.

17 Q. First full paragraph after the
18 bullet point.

19 A. Our interim -- okay, okay.

20 Q. So the last recommendation in
21 that paragraph is "We recommended that all law
22 enforcement officers across the country be
23 equipped with life-saving naloxone."

24 Do you see that language?

1 A. I do.

2 Q. And we saw in the earlier
3 document that Teva markets a generic naloxone,
4 correct?

5 MS. HILLYER: Objection to form.

6 THE WITNESS: Teva sells generic
7 naloxone, yes.

8 BY MR. MADDEN:

9 Q. And Teva sells generic naloxone
10 to whom, to your knowledge?

11 MS. HILLYER: Objection, asked
12 and answered and calls for speculation.
13 She testified she doesn't know.

14 THE WITNESS: Yeah, I cannot
15 speak to which customers buy which
16 products. It changes all of the time.

17 BY MR. MADDEN:

18 Q. But, as we discussed earlier,
19 naloxone is an opioid reversal agent that if
20 somebody is overdosing can help them survive.
21 You understand that, right?

22 MS. HILLYER: Objection, assumes
23 facts not in evidence and asked and
24 answered and calls for speculation. She

1 testified she doesn't know the details.

2 BY MR. MADDEN:

3 Q. You told me as a layperson you
4 understand that's what naloxone does, right?

5 A. I know that's what Narcan does.

6 MS. HILLYER: Mischaracterizes
7 her testimony.

8 BY MR. MADDEN:

9 Q. Let me ask you this: We clearly
10 have an opioid crisis in the country. Teva
11 markets opioids. Teva markets drugs to treat
12 opioid addiction, and Teva markets opioid
13 reversal agents like naloxone. The President's
14 commission has recommended that all law
15 enforcement officers across the country be
16 equipped with life-saving naloxone.

17 Has Teva ever discussed with you
18 providing that life-saving naloxone to law
19 enforcement free of charge?

20 MS. HILLYER: Objection to the
21 soliloquy on the record and objection to
22 form.

23 THE WITNESS: To specifically law
24 enforcement?

1 BY MR. MADDEN:

2 Q. To anyone.

3 THE WITNESS: That's privileged,
4 right?

5 MS. HILLYER: So I'll instruct
6 the witness not to disclose
7 communications she may have had with
8 counsel. If she can answer the question
9 without divulging privileged
10 communications, to the extent she's had
11 those, she can answer. If she cannot,
12 then she should not answer the question.

13 BY MR. MADDEN:

14 Q. I won't get into privilege with
15 you, but I want to ask you some background
16 questions.

17 A. Okay.

18 Q. So I agree with your counsel, you
19 should not tell me anything that you discussed
20 with lawyers, all right?

21 A. Okay.

22 Q. First question, had there been
23 meetings, to your knowledge, or in which you
24 participated regarding the subject of providing

1 naloxone free of charge to law enforcement or
2 EMTs or anyone, have there been meetings? I
3 don't want to know what was said, I just want to
4 know, have there been meetings?

5 MS. HILLYER: Hold on. If there
6 are privileged meetings, I don't want
7 her talking about that either.

8 MR. MADDEN: I think I'm entitled
9 to know whether there were meetings. I
10 may not be entitled to know the subject
11 matter.

12 MS. HILLYER: That is the subject
13 matter. If you're not entitled to know
14 the subject matter, you're asking this
15 is the subject matter, did you have
16 meetings about that? I'm going to
17 instruct her not to answer that.

18 BY MR. MADDEN:

19 Q. Are you following your attorney's
20 instruction not to answer that question?

21 A. Yes.

22 Q. At these meetings -- well, strike
23 that.

24 Have you engaged in any

1 conversations with regard to the provision of
2 naloxone to law enforcement or healthcare
3 providers or anyone free of charge at which no
4 lawyers were present in those conversations?

5 MS. HILLYER: Well, hold on.

6 That could have been at the direction of
7 counsel as well, so if you want to give
8 me a minute, we can go off the record
9 and I can discuss this with her, but,
10 again, if it's at the direction of
11 counsel, it's just as privileged.

12 MR. MADDEN: I can ask the
13 question a different way then to
14 encompass the work product privilege
15 too.

16 MS. HILLYER: Okay.

17 BY MR. MADDEN:

18 Q. So, Ms. Baeder, have you been
19 involved in any conversations with regard to the
20 provision of naloxone free of charge in which,
21 A, no attorneys were involved in that
22 conversation or, B, no attorney told you to
23 engage in that conversation?

24 MS. HILLYER: And if you need to

1 discuss with me whether something
2 crosses one of that lines, this is one
3 of the times we can go off the record
4 while a question is pending and discuss
5 that so that you do not reveal
6 attorney-client privilege.

7 THE WITNESS: Yeah, maybe just to
8 clarify.

9 MS. HILLYER: Okay. Let's go off
10 the record.

11 MR. MADDEN: Let's take a break.

12 THE VIDEOGRAPHER: Going off the
13 record at 6:04 p.m.

14 (Brief recess.)

15 THE VIDEOGRAPHER: Back on the
16 record at 6:05 p.m.

17 MS. HILLYER: Do you want to just
18 read the question back.

19 MR. MADDEN: I think I can do it
20 off the screen here, so I'm going to
21 reask my question.

22 BY MR. MADDEN:

23 Q. The question was so, Ms. Baeder,
24 have you been involved in any conversations with

1 regard to the provision of naloxone free of
2 charge in which, A, no attorneys were involved
3 in that conversation or, B, no attorney told you
4 to engage in that conversation?

5 A. No.

6 Q. So with regard to any
7 conversations that are responsive to that
8 question, are you going to refuse to answer on
9 the advice of counsel?

10 MS. HILLYER: Her answer was not
11 irresponsive, so she answered no.

12 MR. MADDEN: Right. Good point.

13 BY MR. MADDEN:

14 Q. So let me ask you this: Have you
15 been involved in conversations with regard to
16 the provision of naloxone free of charge, yes or
17 no?

18 MS. HILLYER: I'm going to --
19 you've asked this question. I have
20 instructed her not to answer to the
21 extent it involves counsel. You've
22 clarified that the only conversations --
23 that any conversation -- you've
24 clarified she has not had such

1 conversations that were not either with
2 counsel or at the direction of counsel,
3 so I mean I don't know why you want to
4 keep pushing on the privilege issue,
5 she's -- I'm instructing her not to
6 answer any more on this.

7 BY MR. MADDEN:

8 Q. And are you following your
9 attorney's instruction not to answer that
10 question, Ms. Baeder?

11 A. Yes.

12 MR. MADDEN: Okay, that's all I
13 have. Thank you.

14 MS. HILLYER: Sorry, I didn't
15 realize we were totally at the end. I
16 need to grab my computer.

17 THE VIDEOGRAPHER: Going off the
18 record at 6:07 p.m.

19 (Brief recess.)

20 THE VIDEOGRAPHER: We're back on
21 the record at 6:13 p.m.

22 BY MS. HILLYER:

23 Q. Ms. Baeder, earlier during the
24 day if you had used the word promotion in the

1 context of generics, can you explain what you
2 mean?

3 A. Generics provides pricing and
4 generic provides availability information.

5 Q. Do you believe that Teva promotes
6 generic medications to physicians?

7 A. No.

8 Q. Why not?

9 A. The decision-maker in generic
10 procurement is not the physician. It's the
11 officer at a corporate retail chain.

12 Q. And is the same true for generic
13 opioid medications, Teva does not promote to
14 physicians?

15 A. Correct, yes.

16 Q. Does Teva promote generic
17 medications to patients?

18 A. No.

19 Q. Why not?

20 A. The economics of the generic
21 products don't support the generally very
22 expensive interfaces to reach patients.

23 Q. And is the same true for generic
24 opioid medications?

1 A. Yes.

2 Q. And you mentioned that as for
3 generics, Teva engages in product availability
4 and pricing type of marketing; is that right?

5 A. Correct.

6 Q. Is that different from what you
7 understand the brand side does in terms of
8 marketing?

9 A. Yes.

10 Q. Does Teva have a marketing budget
11 for its generic opioid medications?

12 A. Not a specific budget for generic
13 opioids.

14 Q. But does it have a marketing
15 budget for generics generally?

16 A. It has a small marketing budget
17 for generics generally.

18 Q. And what is that budget for?

19 A. That budget is for support of
20 availability messaging, a limited number of
21 journal advertisements around availability
22 messaging, as well as coupons, programs for some
23 limited generic products where it's deemed
24 appropriate.

1 Q. Does Teva USA provide any
2 messages concerning safety or efficacy of its
3 generic opioids?

4 A. No.

5 Q. To your knowledge, has it ever?

6 A. No, not to my knowledge.

7 Q. Does Teva USA sponsor any
8 continuing medical education programs for
9 generic opioids?

10 A. Not to my knowledge.

11 Q. Has it ever?

12 A. No.

13 Q. Does Teva USA's budget for
14 generics include sponsoring any pain-related
15 trade associations?

16 A. Not to my knowledge.

17 Q. Has it ever?

18 A. No.

19 Q. Has Teva USA ever sponsored any
20 key opinion leaders to conduct speaker or other
21 programs to a generic -- for its generic
22 opioids?

23 A. Not to my knowledge.

24 Q. Has it ever?

1 A. No.

2 Q. Does Teva USA engage in any
3 promotional activity for its generic opioid
4 medications?

5 A. No.

6 Q. Do generic manufacturers create
7 the market for generic opioids?

8 A. No.

9 Q. Do you believe that Teva has
10 always abided by any relevant guideline,
11 statutes and regulations?

12 A. Yes.

13 Q. Do you believe that Teva puts
14 safety above profit?

15 A. Yes.

16 Q. What percentage of the generic
17 portfolio consists of opioids products?

18 A. Less than 5%.

19 Q. Has it ever been more than that
20 since you've been there?

21 A. Not to my recollection.

22 Q. Even after the Actavis
23 acquisition?

24 A. No.

1 Q. Have you ever demanded that a --
2 any customer order be released by the SOM team?

3 A. No.

4 Q. Did you ever bully anyone in the
5 SOM team into releasing any order from any
6 customer?

7 A. No.

8 Q. Did you ever verbally abuse any
9 SOM people?

10 A. Not that I remember.

11 Q. Did you ever tell anyone on the
12 SOMS team -- and by "SOMS team" you understand I
13 mean the DEA compliance team or whatever the
14 title was at the time?

15 A. Correct.

16 Q. Did you ever tell anyone on that
17 team that they couldn't have certain
18 information?

19 A. No.

20 Q. Did you ever tell anyone on that
21 team that they couldn't get certain information
22 from a customer?

23 A. No.

24 Q. And who is the ultimate

1 decision-maker as to whether orders from a
2 customer can or cannot be released concerning
3 DEA compliance?

4 A. The SOMS team or TGO management.

5 Q. And to the extent there was any
6 friction, as I think that term was used earlier,
7 concerning Publix, as we looked at certain
8 exhibits earlier today, what was your
9 understanding of the reason for that?

10 A. The tone in which the customer
11 was being characterized and approached.

12 Q. Was there friction because it was
13 at the time of a launch?

14 A. No.

15 Q. Could you have stopped Joe
16 Tomkiewicz or anyone else from the DEA
17 compliance team from talking to a customer?

18 A. No.

19 Q. Do you believe that the Teva SOM
20 program has always adhered to any relevant
21 guidelines, regulations or statutes?

22 A. Yes.

23 Q. Was that true before the Cephalon
24 acquisition?

1 A. Yes.

2 Q. Was that true after the Cephalon
3 acquisition?

4 A. Yes.

5 Q. Was that true before the Actavis
6 acquisition?

7 A. Yes.

8 Q. Was that true after the Actavis
9 acquisition?

10 A. Yes.

11 Q. Were you a core team member for
12 Vantrela?

13 A. I don't recall.

14 Q. Could the PowerPoint have been
15 wrong?

16 A. Yes.

17 MS. HILLYER: I have no further
18 questions at this time.

19 THE VIDEOGRAPHER: Going off the
20 record --

21 MR. KIEFFER: I have some
22 follow-up.

23 MS. HILLYER: He may have some
24 redirect.

1 BY MR. KIEFFER:

2 Q. Ms. Baeder, I've got a follow-up
3 to a few of those.

4 Your counsel asked you if you had
5 ever verbally abused any SOMS team member, and
6 your answer was not that I recall, correct?

7 A. Correct.

8 Q. All right. Just to make sure
9 that things haven't gotten lost in the shuffle,
10 you recall from our fairly extended discussion
11 of e-mails, Mr. Tomkiewicz reported that, at
12 least in his view, he had been verbally abused
13 or berated by you in connection with a phone
14 call that you all had together, correct?

15 MS. HILLYER: Objection to form.

16 THE WITNESS: That is what the
17 e-mail states.

18 BY MR. KIEFFER:

19 Q. Right, and that's the phone call
20 that you testified repeatedly earlier you don't
21 have any memory of one way or the other, right?

22 A. I do not.

23 Q. All right. So if Mr. Tomkiewicz
24 testified under oath that, indeed, he was

1 verbally abused and berated by you and you have
2 testified under oath repeatedly you just don't
3 have a memory of the phone call, that's kind of
4 the record we're left with, right?

5 MS. HILLYER: Objection to form.

6 THE WITNESS: Yeah, I don't
7 remember the phone call.

8 BY MR. KIEFFER:

9 Q. All right. Your counsel asked
10 you if you had ever demanded that any customer
11 order be released by the SOMS team.

12 Do you recall that question?

13 A. Yes.

14 Q. And you answered no, right?

15 A. Yes.

16 Q. Okay. That's the same discussion
17 with Mr. Tomkiewicz on that same phone call that
18 we discussed earlier, right?

19 MS. HILLYER: Objection to form.

20 THE WITNESS: I don't remember
21 that piece exactly.

22 BY MR. KIEFFER:

23 Q. Okay. You don't recall
24 specifically whether you urged members of the

1 SOMS team to release an order to Publix or not,
2 right, because you've only got a memory of the
3 issue at a high level?

4 A. At a macro level, yes.

5 Q. Okay. Your counsel asked you do
6 generic manufacturers create the market for
7 generic opioids, and your answer was no; am I
8 correct?

9 A. Yes.

10 Q. In fact, the market for generic
11 opioids was created by the brand opioid
12 manufacturers, wasn't it?

13 MS. HILLYER: Objection, assumes
14 facts not in evidence.

15 THE WITNESS: No, that would not
16 be my opinion.

17 BY MR. KIEFFER:

18 Q. Well, when you launch a generic
19 opioid, typically, it's effectively a clone or
20 an equivalent of a branded product; is it not?

21 MS. HILLYER: Objection to form.

22 THE WITNESS: It's an FDA A/B
23 rated substitutable product, correct.

24 BY MR. KIEFFER:

1 Q. Right, right, and people that buy
2 them from you, these wholesalers, these buying
3 groups, the WBADs, the Cardinals, the McKessons,
4 they're certainly already familiar with those
5 products from their experience of many years
6 with the same product on the branded side,
7 right? You're not introducing a new mouse trap
8 to them; they already knew what oxycodone is,
9 right?

10 MS. HILLYER: Objection to form.

11 THE WITNESS: Yes.

12 BY MR. KIEFFER:

13 Q. Okay. Same thing with
14 prescribing doctors, right? I mean, when Teva
15 introduced oxycodone, when it introduced, for
16 example, the generic Actiq lozenge -- the
17 generic version of the Actiq lozenge we talked
18 about earlier, you recall that discussion,
19 right?

20 A. Yes.

21 Q. Those weren't new products to
22 prescribing physicians, they were already aware
23 of them by virtue of experiences they'd had on
24 the branded side with equivalent products,

1 right?

2 MS. HILLYER: Objection to form.

3 THE WITNESS: Yes.

4 BY MR. KIEFFER:

5 Q. Okay. So to the extent that
6 promotional and marketing efforts by companies
7 who market branded opioids, including Teva,
8 create market awareness and propensities on the
9 part of prescribers to prescribe those
10 medications, folks who market FDA equivalent
11 generic medicine certainly benefit from those
12 efforts; do they not?

13 MS. HILLYER: Objection to form
14 and calls for an opinion.

15 THE WITNESS: Yeah, I -- I don't
16 know.

17 BY MR. KIEFFER:

18 Q. You don't have to market generic
19 opioids at Teva on the generic side of the
20 business if the folks on the branded side have
21 already created and developed the market for the
22 FDA equivalent product, do you?

23 MS. HILLYER: Objection, assumes
24 facts not in evidence.

1 THE WITNESS: I don't know
2 that -- and I'm not an expert on brand
3 marketing or promotion, but I --
4 prescription pharmaceuticals meet a need
5 of a patient as determined by a
6 healthcare professional.

7 BY MR. KIEFFER:

8 Q. Well, you would certainly hope
9 so, right?

10 MS. HILLYER: Objection to form.

11 THE WITNESS: That would be my
12 opinion.

13 BY MR. KIEFFER:

14 Q. All those doctors we went through
15 down in Florida and all those pill mills
16 certainly wouldn't fit that description that you
17 just gave to the jury now, would they?

18 MS. HILLYER: Objection to form
19 and calls for an opinion.

20 THE WITNESS: Right.

21 BY MR. KIEFFER:

22 Q. Okay. You agree?

23 A. The appropriate use of
24 prescription pharmaceuticals meets a need of a

1 patient as determined by a healthcare
2 professional.

3 Q. Okay. Fair enough, and I don't
4 think we actually disagree on that point. But
5 my partner Mr. Madden over here spent a bit of
6 time going through the President's report on the
7 opioid crisis.

8 You recall that?

9 A. Yes.

10 Q. And there was a whole lot of
11 discussion and data in that report about the
12 inappropriate use of prescription opioids,
13 correct?

14 MS. HILLYER: Objection to form
15 and mischaracterizes the document.

16 THE WITNESS: Again, I'd have to
17 read the whole report.

18 BY MR. KIEFFER:

19 Q. Okay. Well, certainly there was
20 reference in there to things that did not appear
21 to be appropriate prescribing of opioids, right?

22 MS. HILLYER: Objection,
23 mischaracterizes the document.

24 THE WITNESS: Again, I'd really

1 need to read the document to agree or
2 not agree.

3 MR. KIEFFER: Okay. Those are
4 all the questions I've got. Thank you.

5 MS. HILLYER: Just one quick
6 follow-up, Ms. Baeder. I'm sorry.

7 BY MS. HILLYER:

8 Q. Is it possible that you and Mr.
9 Tomkiewicz have different interpretations or
10 impressions of a conversation that you had or
11 interactions you may have had?

12 A. Absolutely.

13 MS. HILLYER: Nothing further.

14 BY MR. KIEFFER:

15 Q. I got to follow up on that.
16 If you've got no memory of your
17 phone call with Mr. Tomkiewicz, you've got no
18 interpretation or impression of that phone call,
19 correct, other than blank slate, right?

20 MS. HILLYER: Objection to form.

21 THE WITNESS: I would think that
22 if I bullied someone or berated someone,
23 that I would remember.

24 BY MR. KIEFFER:

1 Q. Okay. But be that as it may, you
2 don't have any memory of the call?

3 A. I don't.

4 MR. KIEFFER: All right. That's
5 all I've got. Ma'am, thank you for your
6 time today.

7 THE VIDEOGRAPHER: This ends
8 today's deposition. We're going off the
9 record at 6:26 p.m.

10 (Witness excused.)

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1 C E R T I F I C A T I O N

2 I, MARGARET M. REIHL, a
3 Registered Professional Reporter,
4 Certified Realtime Reporter, Certified
5 Shorthand Reporter, Certified LiveNote
6 Reporter and Notary Public, do hereby
7 certify that the foregoing is a true and
8 accurate transcript of the testimony as
9 taken stenographically by and before me
10 at the time, place, and on the date
11 hereinbefore set forth.

12 I DO FURTHER CERTIFY that I
13 am neither a relative nor employee nor
14 attorney nor counsel of any of the
15 parties to this action, and that I am
16 neither a relative nor employee of such
17 attorney or counsel, and that I am not
18 financially interested in the action.

19

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21 -----

Margaret M. Reihl, RPR, CRR, CLR

22 CSR #XI01497 Notary Public

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2 E R R A T A

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4 PAGE LINE CHANGE

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1 ACKNOWLEDGMENT OF DEPONENT

2
3 I, CHRISTINE BAEDER, do hereby
4 certify that I have read the foregoing
5 pages, and that the same is a correct
6 transcription of the answers given by me
7 to the questions therein propounded,
8 except for the corrections or changes in
9 form or substance, if any, noted in the
10 attached Errata Sheet.
11
12
13

14 _____
CHRISTINE BAEDER

DATE

15
16 Subscribed and sworn to before me this

17 _____ day of _____, 2019.

18 My commission expires: _____
19 _____

20 Notary Public
21
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